



Y-90 Microspheres

ORDER FORM

Please complete this form and send it to Customer Services by email to

TheraSphereEMEA@bsci.com

Customer Service Telephone - General lines; please ask for your Customer Service Representative

Ireland Austria +43 720 880 791 +353 151 34 196 Spain +34 911 239 029 +39 069 480 347 3 Switzerland +41 315 280 673 Belgium +32 2 374 09 54 Italy France +33 170 615 491 Netherlands + 31 202 410 935 UK +44 203 318 470 6

Germany + 49 211 387 898 45 Portugal + 351 308 802 418

Standard Cut-Off Times for Ordering

- Thursday noon prior to calibration for treatments in first week of shelf life
- Tuesday noon after calibration for treatments in second week of shelf life

For any order falling outside these dealines, please contact Customer Services to check feasibility

Hospital:			Patient Reference:	ı	Purchase Order Number:
City:			* This reference must be in line w Please do not include the patient	vith the GDPR. t's full name or date	of birth.
Telephone number:	Fax:		Planned Treatment Dat	re: I	Planned Treatment Time:
Contact Name:			Preferred Delivery Date	2:	
Email address:			Vial(s) used for the treatment of:		
Dose Required:					
Dose #1 (GBq)		Quantity:	Calib	oration Date:	
Dose #2 (GBq)		Quantity:	Calib	oration Date:	
Dose #3 (GBq)		Quantity:	Calib	oration Date:	
Dose #4 (GBq)		Quantity:	Calib	oration Date:	
Dose #5 (GBq)		Quantity:	Calib	oration Date:	
			* D:	ationt treatment can	he planned for 12 days following salibration date

Submit Form

Note: If email client does not launch once the above button is pressed please submit form manually using email or fax at the top of this form

Administration Set - please send