

(sending institution: please stamp here):

patient label
name, date of birth, address

phone: (_____) _____ - _____ extensions
please

GHSG Studienzentrale
Uniklinik Köln
50924 Köln
Germany

phone: + 49 221 / 478 -88166
fax: + 49 221 / 478 -88188

STUDY DRUG REQUEST

SR

Trial: **AVD-Rev**

Case ID: _____ CRF ID: _____

This request should be sent on day 22 of cycles 2, 4 and 6 (if applicable) by fax to the GHSG Study Office:

++49 - 221 / 478 - 88188

Request for Cycles No.: 3-4 5-6 7-8

Absolute dose (daily dose of Lenalidomide in mg): _____

Contact data of Study Site (in case of queries)

Name of Investigator: _____

Phone + E-mail: _____

Please consider DLT report at Day 28!

no yes requested dose is the same as the initial dose in cycle 1

yes Up to now none of the following toxicities occurred which must lead to an immediate withdrawal / discontinuation of Lenalidomide:

- a) venous thrombosis/ embolism \geq CTC-Grade 2
- b) allergic reaction/ hypersensitivity \geq CTC-Grade 2
- c) desquamating/ blistering skin rash any CTC-Grade
- d) non-blistering skin rash \geq CTC-Grade 3
- e) sinus bradycardia/ other cardiac arrhythmia \geq CTC-Grade 3

day month year

Investigator signature

- no reason for queries
- query necessary because:

day month year

Statistician signature