

ECUSTEC Pre-Discharge Certificate of Vaccination

Once complete, please forward a copy of the certificate to Alexion, to the ECUSTEC Trials Office and to the local trial site pharmacy no later than 48 hours after discharge.

Alexion:		
Fax No.: 0800 633 5145 or emai	il (<u>CustomerOperationsUK@alexion.com</u>)	
ECUSTEC Trials Office:		
Fax No.: 0121 415 9135 or email (ECUSTEC@Trials.bham.ac.uk)		
Date:	Name of prescriber:	
Clinical trial site name:		
ECUSTEC trial number:		
I confirm that:		
□ Antibiotic prophylaxis will contin	nue for 8 weeks	
□ The patient has received a conj	jugate ACWY meningococcal vaccination	
□ The patient has received Bexse	ero vaccination	
□ The patient/parent/guardian har relevant educational materials	s been reminded about the "Participant Safety Card" and	
•	philus influenza vaccination as part of the UK immunisation	
programme and confirmation (e.g practice team) been received	g. red book documentation or written confirmation by GP	
☐ The patient received pneumod	coccal infection vaccination as part of the UK immunisation	
programme and confirmation (e.g practice team) been received	g. red book documentation or written confirmation by GP	
ECLISTEC Pro-Discharge Cortificate	e of Vaccination, Version 3.0, 28 th March 2018	
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EudraCT Number: 2016-000997-39

Signed:	
Date:	
Name:	
Original in Site File, copy in the medical notes, copy to Alexion, copy Clinical Trials Unit and copy to local pharmacy.	to Birmingham