

PROLEUKIN® Order Form

Instructions for ordering PROLEUKIN® (aldesleukin) Recombinant IL-2

Thank you for your order request. Uniphar Durbin can supply the following products:

- **PROLEUKIN® 18miu/vial**

As part of Uniphar Durbin partnership with lovance we require the form to be completed and returned to iovanceorders@uniphar.com.

If you are a new customer of Uniphar Durbin we will require a customer application form (supplied upon request) to be completed and returned along with current licenses. The customer application form is only required for your first order.

| Order Information | | |
|--|--|--------------------|
| Product: PROLEUKIN 18miu/vial <input type="checkbox"/> | | |
| Quantity (number of packs): | Number of patients this order is for (if known): | |
| Delivery Institution: | | |
| Delivery Address Line 1: | | |
| Delivery Address Line 2: | | |
| Delivery Address City: | Delivery Address Country: | Postcode/Zip code: |
| Physician Name: | | |

| Declaration | |
|-------------|-------|
| Signed: | |
| Print Name: | Date: |

Should you have any queries, please contact Durbin on iovanceorders@uniphar.com.