



APPLICATION FORM PARTICIPATING IN ESOP PROJECT

“Monitoring of surfaces contamination with antineoplastic drugs in preparation and administration areas”

Name of Hospital:.....

Country:.....

Name of Pharmacy Head:

Name of responsible pharmacist:.....

Email address:.....

Telephone:.....

How much cytotoxic preparations do you prepare per year?

**Please send your registration until June 15th 2013
by email to memberships@esop.li or by fax to: **+49(40)790 14 36 01****

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