



CONCORD
REPATRIATION GENERAL
HOSPITAL

CONSENT FORM FOR SPECIAL ACCESS SCHEME (SAS) DRUGS and AUTHORISED PRESCRIBER

DRUG NAME: _____

SUPPLIER/MANUFACTURER: _____

to be used in the treatment of _____ (disease/condition).

The above drug is not generally available in Australia and has not been evaluated or approved by the Therapeutic Goods Administration of the Commonwealth Department of Health and Ageing. The drug is available under the Special Access Scheme (SAS) or through the Authorised Prescriber mechanism which allow individuals access to drugs which are not marketed in Australia.

You will be advised of all major and significant minor side effects before starting treatment. However, there may be side effects of which the doctors are not yet aware. No assurance can be given as to the quality, safety and efficacy of this drug.

These are the known side effects. (Medical Practitioners please list, or attach product information if available).

Side Effects: _____

I _____(patient's name) acknowledge that the nature, object and potential risks of this drug treatment have been fully explained to me to my satisfaction. I also acknowledge that the medical practitioner has explained any alternative treatment using registered drugs. I have been given the opportunity to ask questions relating to any possible physical and mental harm that I might suffer as a result of the treatment and I have received satisfactory answers.

Signature of patient
or authorised representative

Date

Name of patient (please print)

Patient MRN

I have fully explained to the patient _____ the nature, purpose and risks of the drug treatment to be employed.

Signature of Medical Practitioner
recommending use of the drug

Date

Name of Medical Practitioner (please print)

Witness

Date

Full name of witness (please print)