

 Health Sydney Local Health District	Family Name	MRN
	Given Name	[] Male [] Female
	DOB / /	MO
Concord Repatriation General Hospital INFORMATION / CONSENT: For the use of a non-marketed product under the Special Access Scheme (SAS) and Authorised Prescriber	Address	
	Location Ward	

Attach patient sticker to all pages



INFORMATION:
PRODUCT NAME:
SUPPLIER:
<p>INFORMATION:</p> <p>The above drug is not approved for marketing in Australia, and its effectiveness and side effects have not been evaluated by Australia's Therapeutic Goods Administration (TGA). However, it is available under the Special Access Scheme (SAS) or Authorised Prescriber which allows individuals to have access to drugs before they are generally available.</p> <p>Because it has not been assessed by the TGA, no assurance can be given about the quality, safety or effectiveness of this drug. It may also cause side effects of which the doctors are not yet aware. You will be advised of all major and significant minor side effects, as far as they are currently known, before you start taking the drug.</p>
<p>SIDE EFFECTS:</p> <p>Following is a list of the known side effects of this drug (doctor/pharmacist to list, or attach product information, if available):</p>

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DECLARATION	
I have fully explained to _____ <small style="margin-left: 150px;">Patient name</small>	
the nature, purpose and risks of the drug treatment to be employed.	
Signature of Doctor recommending use of the drug	Date
Name of Doctor (please print)	
Signature of Interpreter (if used)	Date
Name of Interpreter (please print)	

CONSENT	
I acknowledge that the nature, objective and possible risks of the treatment, as far as they are currently known, have been explained to me to my satisfaction.	
I also acknowledge that the doctor has informed me of any alternative treatment(s) using registered drugs.	
I have been given the opportunity to ask questions about my treatment with the drug and about its known side effects, both physical and mental, and I have received satisfactory answers.	
Signature of Patient or authorised representative	Date
Name of authorised representative (please print)	
Relationship to patient	

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DECLARATION / CONSENT If unable to obtain patient consent in a life-threatening situation	
I, <small>Name of doctor</small>	
declare that treatment with the non-marketed product <small>Name of product</small>	
was administered to <small>Name of patient</small>	
of <small>Address of patient</small>	
on humanitarian grounds in a life-threatening situation, in which no alternative therapy with an Australian-marketed drug was available.	
Signature of Doctor administering the drug	Date
<small>Name of Doctor (please print)</small>	
Signature of Witness	Date
<small>Name of Witness (please print)</small>	