THE ROYAL CHILDREN'S HOSPITAL

USE OF A NON-MARKETED DRUG VIA THE SPECIAL ACCESS SCHEME

Authorised for supply under Section 19(5) of the Therapeutic Goods Act

CONSENT FORM

I, (or parent/guardian)		hereby consent
The doctor has discussed with me the reason(s) for using the drug (including possible alternative treatments), the nature and known effects of the drug, and possible risks and side effects associated with its use. I have had an opportunity to ask questions relating to the treatment.		
I understand that the drug has not been approved for marketing in Australia by the Commonwealth Government, and that its effectiveness and adverse side effects have not been fully evaluated. There may be unknown risks and late side effects.		
I understand that I can withdraw my consent my ongoing medical care.	for such therapy at any time	e without prejudicing
Patient (or Parent/Guardian) name (PLEASE PRINT)	Signature	Date
Witness' name (PLEASE PRINT)	Signature	Date
I have fully explained the above statements to the patient or the patient's parent/guardian.		
Prescribing doctor's name (PLEASE PRINT)	Signature	Date
IF UNABLE TO OBTAIN CONSENT IN A LIFE-THREATENING SITUATION		
I, Dr	. declare that treatment with	th the experimental
drug of		·
on	,	
situation, in which no alternative therapy with a drug marketed in Australia was available.		
Doctor's name (PLEASE PRINT)	Signature	Date

(This form to be filed in patient's medical record). (ConsentFormSASPrescriber.doc/KH/mn)