

SALISBURY NHS FOUNDATION TRUST

Patient Consent Form for treatment with:

.....

PATIENT INFORMATION

As the clinician in charge of your care, I consider that you may benefit from treatment with this product.

This drug either:

- does not have a license from the UK or European medicines regulatory organisations and so is not allowed to be promoted/marketed within the UK; or
- does have a license from the UK or European medicines regulatory organisations but it does not cover your condition and so the drug is not allowed to be promoted or marketed within the UK for your condition.

Although the drug cannot be marketed it can still be used and there is evidence to support its use on specific conditions, such as yours.

Clinician to specify here the following details:

Purpose of medication.....

Why the drug may be of benefit.....

What side effects or risks may be involved.....

Any other information that the patient should be aware of (eg need for monitoring)

.....

Clinician.....(Signature). Date.....

Print name.....

PATIENT CONSENT

I(name of patient (please print)) confirm that I understand that [*name of drug*]..... is not licensed for marketing in this country and that I consent for it to be used as part of my treatment plan.

The Doctor supervising this treatment has satisfactorily answered all the questions I have about this medication and its status.

Name of Doctor (please print).....

Signature of patient.....Date.....