

REQUEST FORM FOR THE USE OF AN UNLICENSED MEDICINE

Name of Medicine	
Form (i.e. tablets, injections etc.)	
Strength	
Proposed Indication(s)	

I understand that the above product is an unlicensed medicine. I also understand that I am professionally accountable when prescribing this medicine and may be called upon to justify my so doing.

I would like the following doctors, (if any), on my team to be able to prescribe this unlicensed medicine and have explained to them the fact that they are professionally accountable for each prescription. (Names must be specified)

Name (please print)	
Position	
Signature	
Date	

This request will be reviewed by the Trust's Drugs and Therapeutics Committee.