**Trial Specific Prescription Review**

|  |  |  |  |
| --- | --- | --- | --- |
| Study Details | | | |
| Study name |  | | |
| Type of study |  | | |
| IMP/agent name |  | Dose |  |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Prescription Details | | | | | | |
| Type of prescription (✓) | Master |  | Site specific |  | If site specific state site name |  |
| Version (date) |  | | | | | |

*Note: Required content of prescription will vary according to study design, IMP formulation and risk adaption. The following table should be used as a guide. Where information is marked as n/a justification must be recorded in the comments box provided.*

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Prescription Review | | | | |
| (✓) | Yes | No | N/A | Comments |
| Study title |  |  |  |  |
| Site name / number |  |  |  |  |
| Study identifier (e.g EudraCT number, site R&D number) |  |  |  |  |
| Sponsor |  |  |  |  |
| Patient details (name, address, date of birth, hospital identifier, known allergies) |  |  |  |  |
| Subject ID number |  |  |  |  |
| Visit Date/Number |  |  |  |  |
| Name of IMP/agent prescribed including form & strength |  |  |  |  |
| Dose of IMP/agent prescribed |  |  |  |  |
| Quantity of IMP/agent to dispense |  |  |  |  |
| Pack numbers of IMP/agent to dispense |  |  |  |  |
| Eligibility confirmation |  |  |  |  |
| Prescribers signature and date |  |  |  |  |
| Prescriber contact details |  |  |  |  |
| Professional / clinical check (initials and date) |  |  |  |  |
| Dispensed by (initials and date) |  |  |  |  |
| Checked by (initials and date) |  |  |  |  |
| Collected by (initials, date and time) |  |  |  |  |
| Additional requirements *(please list)*: |  |  |  |  |

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Review Completion | | | | | | | | |
| **If** **master prescription**, content approved by NHSL pharmacy? (✓) | Yes |  | No |  | | N/A | |  |
| Comments |  | | | | | | | |
| Final prescription version approved |  | | | | | | | |
| Name of reviewer |  | | | | | | | |
| Signature |  | | | | Date | |  | |