Guidance 6

Prescription of Study Drug (example)			
Prescription sample – [study name]			
Study ID number:	**[Protocol Number]**		
Study name:	**[Short Title]**		
Participant ID:	**[PID]**		
Participant name:	**[Full name]**	DOB:	**[DD/MM/YYYY]**
Participant address:	**[Street, Suburb, Postcode, State]** *For studies utilising direct to patient dispensing the full delivery address and contact number must be recorded		

The prescription for requesting study medicine must be:

- Written by an appropriately qualified person
- Written on the hospital prescription forms *either*
  - the inpatient medication forms *or*
  - a negotiated prescription form
- Written on the study-specific prescription template supplied by the third-party pharmacy for studies using direct to patient dispensing
- Written in the doctors own handwriting
  - Legible
  - Signed
  - Dated
  - In black ink pen
  - Written in full as shown below.
- Include details of any repeat(s) if applicable

Protocol number Strata and/or randomisation #_____
STUDY DRUG OR PLACEBO DOSE, DOSE, OR DOSE
PLEASE SUPPLY # (number) TABLETS/CAPSULES/SYRINGES
Number of dose 1 or placebo
Number of dose 2 or placebo
Number of dose 3 or placebo
Directions for use/ Dosing instructions

Prescription must meet hospital, state, and national regulations, and must comply with any applicable schedules. The prescription can be designed within the hospital electronic system if applicable.