

Thalidomide Pharmacy Registration Form – Part 1

To be completed by the Chief Pharmacist or appointed deputy.

Institution name:	
Chief Pharmacist (or appointed deputy):	
Pharmacist GPhC / PSNI Registration Number:	
Contact telephone number:	
Email:	
Pharmacy GPhC / PSNI Registration Number (if applicable):	
Dispensing Pharmacy Address:	Delivery Address (if different):
Tel:	Tel:
Fax:	Fax:
Email:	Email:
Ordering Address (if different to delivery address):	

By registering [name of pharmacy] to order and dispense Thalidomide, I agree to implement and ensure compliance with the risk minimisation measures associated with the Pregnancy Prevention Programme (PPP) for Thalidomide and adhere to the following requirements:

1 I have read and understood the Thalidomide Healthcare Professional Brochure.	TICK
2 All pharmacists who dispense Thalidomide will have read and understood the Healthcare Professional Brochure and will ensure that the pregnancy prevention measures have been implemented before dispensing Thalidomide.	TICK
3 Prescriptions for Thalidomide will be dispensed only if accompanied by a Prescription Authorisation Form (PAF).	TICK
4 The dispensing pharmacist will check the PAF for completeness and/or request any missing information from the prescriber or patient and complete the dispensing pharmacist section of the PAF, prior to dispensing Thalidomide.	TICK
5 For a woman of childbearing potential (WCBP) , the dispensing pharmacist will check that the PAF confirms: a) the WCBP has been counselled/reminded about teratogenic risk and has been on at least one effective method of contraception for at least 4 weeks b) the WCBP has had a negative pregnancy test within the 3 days prior to the prescription date c) the dispensing of Thalidomide is within 7 days of the prescription date d) the supply of treatment is no more than 4 weeks.	TICK
6 For male patients , the dispensing pharmacist will check that the PAF confirms: a) the patient has been counselled/reminded about teratogenic risk and the requirement to use a condom if sexually active with a pregnant woman or a woman of childbearing potential not using effective contraception. b) the supply of treatment is no more than 12 weeks	TICK
7 For women not of childbearing potential the dispensing pharmacist will check the supply of treatment is no more than 12 weeks	TICK
8 If supplied with Thalidomide, it will only be dispensed to the patient by the pharmacy registered with Accord, to fulfil the requirements of the PPP for Thalidomide. Wholesaling is strictly prohibited.	TICK
9 Notify Accord immediately of changes in Chief Pharmacist or appointed Deputy Pharmacist, including their corresponding contact details in order to ensure appropriate registration of the pharmacy to order and dispense Thalidomide.	TICK
10 After dispensing, paper Prescription Authorisation Forms will be kept in pharmacy for a minimum of 2 years. A copy of each completed paper Prescription Authorisation Form will be sent immediately to Accord.	TICK

I understand that if during the period of registration I am unable to fulfil requirements 1 - 10, the above named-pharmacy will be de-registered by Accord and I will be unable to order any further Thalidomide and required to go through the registration process again, following any necessary remedial action(s). I acknowledge this registration to order and dispense Thalidomide is valid for 2 years only, after which I am required to re-register the above-named pharmacy should I wish to continue to order and dispense Thalidomide. I understand that my personal data will be processed by Accord, for the purpose of administering the PPP for Thalidomide and that the information supplied to Accord on PAFs will be used to provide anonymised aggregate annual reports to the Medicines and Healthcare products Regulatory Agency (MHRA) to assess the implementation of the PPP.

Sign:				
Print:	Date: <table border="1" style="display: inline-table; border-collapse: collapse;"> <tr> <td style="width: 30px; text-align: center;">DD</td> <td style="width: 30px; text-align: center;">MM</td> <td style="width: 30px; text-align: center;">YYYY</td> </tr> </table>	DD	MM	YYYY
DD	MM	YYYY		

Email the completed forms to Accord at rmpteam@accord-healthcare.com, alternatively fax the forms to 01271 346106
Accord-UK Ltd, Whiddon Valley, Barnstaple, Devon, EX32 8NS, UK.

Thalidomide Pharmacy Registration Form – Part 2

If you would like to register additional pharmacy sites to be covered by your registration please provide details below.

Institution name:

Additional pharmacy sites covered by registration with Accord to supply thalidomide

Name of Hospital/Pharmacy:

Pharmacy contact:

Pharmacy GPhC / PSNI Registration Number (if applicable):

Dispensing Pharmacy Address:	Delivery Address (if different):
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Ordering Address (if different to delivery address):

Tel:	Tel:
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Fax:	Fax:
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Email:	Email:
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Name of Hospital/Pharmacy:

Pharmacy contact:

Pharmacy GPhC / PSNI Registration Number (if applicable):

Dispensing Pharmacy Address:	Delivery Address (if different):
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Ordering Address (if different to delivery address):

Tel:	Tel:
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Fax:	Fax:
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Email:	Email:
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Name of Hospital/Pharmacy:-

Pharmacy contact:

Pharmacy GPhC / PSNI Registration Number (if applicable):

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Ordering Address (if different to delivery address):

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Fax:	Fax:
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Email:	Email:
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