


Pharmacy Clinical Trials – Dispensary and Technical Services	Barts Health  NHS Trust
Procedure for Designing a Clinical Trial Prescription	Document Ref: SOPCT051
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APPENDIX II – PRESCRIPTION TEMPLATE

CLINICAL TRIAL PRESCRIPTION FORM

(INSERT HOSPITAL SITE NAME)

PROTOCOL:

EudraCT number:

Subject Name / Initials:		Chief/Principal Investigator (delete as applicable):	
Hosp / NHS Number:		Visit Date:	
Allergy Status		Visit Number	
Date of Birth:		Randomisation ID:	

Please Dispense (insert relevant information):

Prescriber's Name -

Contact Number

Prescriber's Signature _____

Date ____/____/____

DATE Rx Received	TIME	DRUG	ROUTE	DOSE	Screened By	Dispensed By / Date	CHECKED BY and DATE

Prescriber/Sponsor's Responsibilities:

Note for (Dispensary / CPU – delete as applicable) Pharmacy Staff:

Proforma drawn by:	Proforma Checked and Approved By:	Version: xx
	Pharmacy Team Member)	Date:
	(Study Rep)	Review Date: