

Application for a warrant to obtain or use thalidomide

Drugs, Poisons and Controlled Substances Act 1981

(Please print **legibly** in block letters and provide all information)

PRESCRIBER DETAILS	SURNAME (FAMILY NAME)	FIRST NAME	
	Dr/Prof		
	PRACTICE ADDRESS		
	SUBURB/TOWN		POSTCODE
	TELEPHONE	FAX	
	QUALIFICATIONS	PRESENT HOSPITAL APPOINTMENT/S	
	EXPERIENCE RELEVANT TO TREATMENT OF CONDITION		
	Condition to be treated:		
	<input type="checkbox"/> Leprosy (Hansen's disease)		
	<input type="checkbox"/> Uncommon refractory dermatological conditions		
<input type="checkbox"/> Graft versus host disease			
<input type="checkbox"/> Aphthous ulceration of the mouth in HIV patients			
<input type="checkbox"/> Multiple myeloma			
<input type="checkbox"/> Myelodysplasia			
<input type="checkbox"/> Experimental or research purposes			
<input type="checkbox"/> Other (Specify – enclose supporting documentation and complete patient details below).....			

Declaration by Applicant:

A. Where thalidomide is used for the treatment of humans:

I hereby declare that I will:

1. treat with thalidomide only
 - (a) males; or
 - (b) females for whom the possibility of pregnancy can be ruled out or where adequate safeguards against pregnancy are in place to ensure that the possibility of pregnancy can be ruled out during treatment with the drug; and
2. inform each patient whom I treat with thalidomide of the potential teratogenic affects of this drug and of the precautions that must be taken when using this drug. I will also inform each patient that he/she must keep the drug in a secure place and not allow anyone else to use it.

B. Where thalidomide is for experimental or research purposes:

I hereby declare that thalidomide will only be used for experimental or research purposes at:

University or research institution:

Signature of applicant: _____ Date: _____

Complete this section where a physician based warrant is not applicable.

PATIENT DETAILS	SURNAME (FAMILY NAME)	FIRST NAME
	ADDRESS	
	DATE OF BIRTH	SEX (MALE/FEMALE)
	HOSPITAL WHERE PATIENT WILL UNDERGO TREATMENT (IF APPLICABLE)	

Important notice about privacy

It is a requirement of the *Drugs, Poisons and Controlled Substances Act, 1981* ('the Act') that the information set out on this form is provided to the Department of Human Services (DHS). Failure to provide all the information may delay the processing of your application or the registering of your notification. You are required to inform the patient of the mutual obligations of both medical practitioners and DHS in relation to the collection, storage and use of this information. You are required to generally advise that: The *Act* requires that this information be provided to DHS:

- to meet statutory notification requirements, and
- for the issuing of warrants as required under the legislation.

The Department discloses the information only:

- to a medical practitioner when necessary to facilitate co-ordination of the patient's drug treatment and safe prescribing of drugs, or
- when otherwise required by law.

The patient has a right to gain access to the information.

Further information about the Department, the *Health Records Act 2001* and other privacy legislation, can be viewed at the Department's web site (<http://www.dhs.vic.gov.au/privacy/>). Access to DHS records can be requested by lodging a Freedom of Information request with the Freedom of Information Unit, Department of Human Services, GPO Box 4057, Melbourne 3001.

Fax or post completed application to:

Manager, Drugs and Poisons Unit
PO Box 1670N
MELBOURNE 3001
Fax: 1300 360 830

For further information, please contact:

Drugs and Poisons Unit
Telephone: 1300 364 545