**Research Project Prescription**

|  |  |
| --- | --- |
| **Research Project Title:** |  |
| **Chief Investigator:** |  |
|  |  |
| **Patient name:** |  |
| **Date of birth:** |  |
| **Participant ID number:** |  |
| **Ward/Clinic:** |  |

Please supply the following for use in the above research project:

|  |  |  |  |
| --- | --- | --- | --- |
| **Drug** | **Dose** | **Frequency** | **Pack ID****(if applicable)** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

|  |  |
| --- | --- |
| **Prescriber’s signature:** |  |
| **Prescriber’s name printed:** |  |
| **Date:** |  |
| **Ext./bleep:** |  |

<Insert details of where/how prescription should be sent>

**PHARMACY USE ONLY**

|  |  |
| --- | --- |
| **Batch number:** |  |
| **Expiry date:** |  |
| **Pharmacist check:** |  |
| **Dispensed by:** |  |
| **Checked by:** |  |
| **Date:** |  |
| **Collected by:** |  |