UNAPPROVED MEDICINE RECORD

REASON FOR ISSUE: DCR41185: updated to include RegAffairs email, DCR41222: updated to remove NCDL, DCR43107: updated to allow longer timeline for submission to RegAffairs.

Form only to be completed by appropriate personnel trained in the 151M033 process - for **new** cellular therapy components that need to be retrospectively issued in e-Traceline.

Only sites with a Wholesale license are permitted to import unapproved medicines.

ALL DETAILS on this form **must** be completed within 24 hours of product issuance to the patient.

The completed form **must** be sent to RegAffairs at **RegAffairs@nzblood.co.nz** by the end of the issue month.

Patient Name:			
Patient Address:			
NHI Number:			
Practitioner Name:			
Practitioner Address:			
Product Code:		**Pack Size:**	
Product Name:		**Number of Packs Supplied:**	
Dose Strength:		**Dose Volume:**	
Batch Number:		**Date Issued:**	
Hospital Issued To:			
NZBS Staff who issued the product and completed this form	**Full Name:**	**Signature:**	**Date:**