Hospital or

health service logo

### Structured Administration and Supply Arrangement

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| --- | --- |
| **SASA Details** | |
| Title: |  |
| Identifying No: |  |

|  |  |
| --- | --- |
| **Issuing Authority** | |
| Health organisation Name: |  |
| Address: |  |
| Contact: |  |

|  |  |
| --- | --- |
| **Authorised Persons** | |
| Practitioners: |  |
| Location: |  |
| Qualification: |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Authorised Medicine** | | | |
| Medicine Name: |  | Brand: |  |
| Form: |  | Strength: |  |
| Dose: |  | Quantity: |  |
| Route: |  | | |
| Instructions: |  | | |

|  |  |
| --- | --- |
| **Approved Circumstances** | |
| Authorised to: |  |
| Place: |  |
| Patients: |  |
| Medical Condition: |  |

|  |  |
| --- | --- |
| **Clinical / Other Information** | |
| Patient Inclusion: |  |
| Patient Exclusion: |  |
| Special Instructions: |  |
| Administration Notes: |  |
| Clinical Guidelines |  |

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| --- | --- | --- | --- |
| **Approval** | | | |
| CEO Name: |  | | |
| Date of Issue: |  | | |
| Date of Expiry: |  | | |
| Clinical Governance Committee | | | |
| Chairperson Name: |  | | |
| Date Approved: |  | | |
| Senior Medical Practitioner | | | |
| Name: |  | | |
| Date: |  | Signature: |  |