Hospital or

health service logo

### Structured Administration and Supply Arrangement

|  |  |
| --- | --- |
| **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 |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Approval** | | | |
| CEO name: |  | | |
| Date of issue: |  | | |
| Date of expiry: |  | | |
| Clinical governance committee | | | |
| Chairperson name: |  | | |
| Date approved: |  | | |
| Senior medical practitioner | | | |
| Name: |  | | |
| Date: |  | Signature: |  |