

EMERGENCY ORDER FORM FOR ANTIDOTES NOT INTENDED FOR THE EUROPEAN ECONOMICAL
AREA (EEA)

Declaration by Prescribing Physician:

Name	
Hospital	
City	
Date	
Tel.-n° (in case of complications)	

I would like the Belgian Poison Centre to deliver to me as soon as possible for the following patient:

Name Patient or initials	
Date of birth	
Indication for antidote administration	
Quantity of DIGIFAB(r) vials required	
Quantity of Diphtheria Antitoxin vials required	
Quantity of Botulism Antitoxin vials required	
Quantity of VIPERATAB(r) vials required	

1. I certify that the above-mentioned patient cannot be adequately treated with medicines approved or available through clinical trials in Belgium. I will use this supply for the above-mentioned patient only.

2. I confirm that this antidote will be administered under my direct personal responsibility.

3. I have, as far as possible, provided all relevant product information, including the risks about the administration of antidotes who are not registered for use in the EEA, to the patient and will obtain informed consent prior to the first administration of the product.

4. I confirm that I, as far as possible, have asked and obtained consent from the patient to the processing of any anonymised data about this delivery and administration.

5. I acknowledge that I am responsible for reporting any adverse event that may arise in the administration of the delivered antidote, I will answer to any request for follow-up and I will present any reportable adverse events to the Belgian Poison Centre and the relevant National Regulatory Authority

6. I will respect this storage conditions of this antidote at all times

Date	
Physician's signature	