



Australian Government
Department of Health and Ageing
Therapeutic Goods Administration

SPECIAL ACCESS SCHEME

**Consent to Treatment and Indemnity for Use of
 Products Derived from Biological Tissues including Human Blood or Plasma**

I,
 (name of patient or parent/guardian)

understand that the Commonwealth can give no guarantee as to the quality, safety or efficacy of
(name of product),

particularly as regards any prion or viral inactivation procedures used in its manufacture.
 Accordingly, the Commonwealth can accept no liability for its safety, quality or efficacy.

I understand that this product is not registered for use in Australia but that use of the product may
 be approved under the provisions of the Special Access Scheme.

I confirm that the above statements have been explained to me and with this knowledge agree to
 administration of the product to me/my ward.

Patient's name:

Signature of patient: **Date:**
 (or parent/guardian)

Signature of witness: **Date:**

I have explained the above statements to the patient or the patient's parent/guardian.

Treating physician:

Signature: **Date:**

Fax completed form together with request for SAS approval to:

Medicines: 02 6232 8112

Medical devices: 02 6232 8785