个体决策记录

NHS LOTHIAN

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小
组
（IPTR）

（2011年9月

概
述
1:
IPTR详情

药物名称及配方：

患者CHI号：

患者所在NHS区域：NHS Lothian：

其他健康区域：（请指定）

提交IPTR的临床医生：

IPTR接收日期：

IPTR小组决策日期：

申请编号：

决策通知日期：

2A：决策

IPTR接受：

IPTR拒绝：

2B：接受条款

接受条款：（例如，治疗持续时间，之后需评估和报告疗效）
**SECTION 2C: REASON FOR REJECTION (WHERE APPLICABLE)**

<table>
<thead>
<tr>
<th>Application failed to meet the referral criteria</th>
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<tbody>
<tr>
<td>☐</td>
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<tr>
<td>The referral criteria of the IPTR were met, but there were other reasons for rejecting the request (document below):</td>
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<td>The IPTR was incomplete and/or did not contain sufficient detail to make an objective decision:</td>
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**Further details regarding the rejection of the IPTR**

**Medical Director (or nominated deputy) authorisation on behalf of panel:**

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<tr>
<th>Name:</th>
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<td>(If nominee, please also state position)</td>
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<th>Signature:</th>
<th>Date:</th>
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A COPY OF THIS FORM SHOULD BE RETURNED TO THE CLINICIAN AND PATIENT WHO SUBMITTED THE APPEAL; AND THE CMT DOP OR THE CH(C)P CD (AS APPLICABLE). IN SECONDARY CARE IT WILL ALSO BE COPIED TO THE DIVISIONAL MEDICAL DIRECTOR, ASSOCIATE DIVISIONAL MEDICAL DIRECTOR, CLINICAL DIRECTOR AND RELEVANT CMT PHARMACIST. THE ORIGINAL COPY WILL BE RETAINED BY THE IPTR ADMINISTRATOR FOR AUDIT PURPOSES.