

## Individual Decision Record of IPTR Panel

<b>NHS Lothian</b> <b>INDIVIDUAL DECISION RECORD OF</b> <b>INDIVIDUAL PATIENT TREATMENT REQUEST (IPTR)</b> <b>PANEL</b> <b>(SEPTEMBER 2011)</b>	
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### SECTION 1: IPTR DETAILS

Medicine name and formulation:

Patient's CHI Number:

Patient's home NHS Board: NHS Lothian: ☐ Other Health Board: (please specify)

Clinician submitting IPTR:

Date IPTR Received: / / Date of IPTR Panel Decision: / /

Application number:

Date decision communicated to requesting clinician and patient; and Director of Operations for Clinical Managed Team OR Clinical Director CH(C)P. In secondary care will also be copied to the Divisional Medical Director, Associate Divisional Medical Director, Clinical Director and relevant CMT Pharmacist: / /

### SECTION 2A: DECISION

<b>IPTR Accepted:</b> <input style="width: 30px; height: 20px;" type="checkbox"/>	<b>IPTR Rejected:</b> <input style="width: 30px; height: 20px;" type="checkbox"/>
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### SECTION 2B: TERMS OF ACCEPTANCE (WHERE APPLICABLE)

<b>Terms and conditions of acceptance:</b> (e.g. duration of treatment after which efficacy must be reviewed and reported on to the panel)	
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**SECTION 2C: REASON FOR REJECTION (WHERE APPLICABLE)**

Application failed to meet the referral criteria	<input type="checkbox"/>
The referral criteria of the IPTR were met, but there were other reasons for rejecting the request (document below):	<input type="checkbox"/>
The IPTR was incomplete and/or did not contain sufficient detail to make an objective decision:	<input type="checkbox"/>

Further details regarding the rejection of the IPTR

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

**Name:**  
*(If nominee, please also state position)*

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**Signature:**

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**Date:**

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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.