

## IPTR Request Panel Assessment Form

<h1 style="margin: 0;">NHS Lothian</h1> <h2 style="margin: 0;">INDIVIDUAL PATIENT TREATMENT REQUEST (IPTR) Request Panel Assessment Form (September 2011)</h2>	
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Date of meeting:	<div style="display: flex; justify-content: space-around; height: 20px;"> <span>/</span> <span>/</span> </div>
Application number:	
<b>IPTR Panel Membership:</b>	
Medical Director (or nominated deputy):	
Director of Pharmacy (or nominated deputy):	
Nurse Director (or senior nurse deputising):	
Chief Operating Officer (or nominated deputy):	
CH(C)P General Manager or director (or nominated deputy):	
Director of Strategic Planning (or nominated deputy):	
Public Health representative:	
General Practitioner:	
Divisional Medical Director (or nominated deputy):	
Associate Medical Director Primary Care (or nominated deputy):	
Chair of Formulary Committee (or nominated Deputy):	
Public Health representative:	
Finance representative:	

## IPTR Policy and Procedures

Medicines Management  
Pharmacist:

Lay Member:

Co-opted member(s) (e.g.  
independent clinical  
specialist and/or pharmacist  
specialist for indication for  
treatment; primary care  
pharmacist):

### PANEL DECLARATION OF INTERESTS

Please document any  
interests of panel members in  
the concerned medicine or  
manufacturer:

### IPTR PANEL DISCUSSION

How was the panel conducted:	Virtual: <input type="checkbox"/>	Meeting: <input type="checkbox"/>
Main discussion points of panel:		

### DECISION

IPTR Accepted <input type="checkbox"/>	IPTR Rejected <input type="checkbox"/>
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## TERMS OF ACCEPTANCE (WHERE APPLICABLE)

### Terms and conditions of acceptance:

(e.g. duration of treatment after which efficacy must be reviewed and reported on to the panel)

## 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

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

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

**Signature:**

**Date:**