

Workplace

clinic,

Patient label

Patient:

.....
Name, surname, birth number, date of birth*, health insurance number, insurance company code.

Today I was informed by the doctor of the fact that due to the nature of my illness, the use of a medicinal product that has not been introduced on the Czech Republic market (registered) is indicated. This medicinal product is administered for the purpose of providing optimum medical care in accordance with Section 8 of Act No. 378/2007 Coll., On Pharmaceuticals.

The designation unregistered medicinal product means a medicinal product registered abroad, which is imported to the Czech Republic in exceptional cases for a specific patient.

This is:

- ☐ An unregistered medicinal product
- ☐ A registered medicinal product in "off-label use" regime (use of a medicine outside approved indications)

Type of medicinal product:

Route of administration:

Reason for administration:

Result of treatment:

Alternative therapy: yes/no

Which:

I hereby declare and further **confirm** with my handwritten **signature**, that the doctor who provided me this information, **personally explained the entire contents of this written informed consent** form and that I had the opportunity to ask questions, which they properly answered.

* Date of birth is filled in for foreigners without an assigned birth number.

I hereby declare that I have been informed of my right to freely decide on the proposed subsequent course of action in providing my care, so long as this right is not precluded by any special legal regulation.

I am aware that the expected result and benefit of the aforementioned medical treatment may not be achieved.

I declare that I have **fully understood** the information above and that I explicitly **consent to the administration of treatment using the abovementioned unregistered medicinal product**:

At the same time I declare that, in the case of unexpected complications requiring further interventions necessary to save my life or health, I consent to all further necessary and urgent treatments required to save my life or health.

In Prague on: hour:

.....
handwritten signature of patient
or name, surname and signature of legal guardian

.....
name tag and signature of attending
physician

If the patient is incapable of expressing consent using their signature, the process through which the patient expressed consent shall be documented here:

Health reasons preventing the patient's signature:

Name, surname of witness:

.....
handwritten signature of witness