



A full pharmacist who dispenses a substance in connection with the provision of MAiD must fax a copy of this form to the BC Ministry of Health at 778-698-4678 within six business days after the day on which the substance is scheduled to be administered to the patient.

Note: Upon completion of Medical Assistance in Dying (MAiD), Prescriber will provide copy of completed MAR to Pharmacist for reconciling the return of unused and partially used medications in "Prescription Accountability" section of this form.

PATIENT INFORMATION

Form with fields: Last Name, First Name, Second Name(s), Personal Health Number (PHN), Province or Territory that issued the PHN, Birthdate (YYYY / MM / DD)

PRESCRIPTION PLANNING

Form with sections: Prescription Release, Return of Unused Medications. Fields include Planned Release Date, Time, Return Date, Time.

Plan for Concluding Medical Assistance in Dying Process

Form with checkbox: Completed. Text: Procedures have been established for the return of any unused and partially used medication(s) within 72 hours...

PRESCRIPTION ACCOUNTABILITY

Medication Administrative Record

Form with checkboxes: Completed. Text: The Prescriber has been instructed on how to complete the Medication Administration Record... Confirmation of photo ID of Prescriber...

Dispensed By: Pharmacist

Form with fields: Last Name, First Name, CPBC License Number, Phone Number, Work Mailing Address, Work Email Address

Form with text: Where was the substance dispensed? Hospital Pharmacy, Community Pharmacy, Other (specify). Date and Time fields.

Form with text: Provide supplementary information to clarify your response (if applicable). Add additional page if needed. Dispensing Pharmacist Signature.

Received By: Prescriber

Form with fields: Last Name, First Name, CPSID # / BCCNM Prescriber #, Date (YYYY / MM / DD), Time (00:00 am/pm), Prescriber Signature

Return of All Unused and Partially Used Medications to Pharmacist for Disposal

Prescriber will return all unused and partially used medications to the pharmacy within 72 hours of the patient's death. Pharmacist will reconcile and document the return medication(s) below, indicating consistency with MAR.

Table with 4 columns: Medication Name(s), Strength (mg/ml), Quantity (mg), Consistent With MAR? Includes row for Sealed back-up IV kit returned.

Form with fields: Returning Prescriber Last Name, First Name, CPSID # / BCCNM #, Date Returned, Time Returned, Prescriber Signature

Form with fields: Receiving Pharmacist Last Name, First Name, CPBC #, Date Returned, Time Returned, Pharmacist Signature

THIS FORM DOES NOT CONSTITUTE LEGAL ADVICE; it is an administrative tool that must be completed for medical assistance in dying.