BRITISH COLUMBIA | Ministry of Health

1641
2022/12/15

Medical Assistance in Dying
DISPENSING RECORD (PHARMACIST)

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

Last Name	First Name	Second Name(s)

Personal Health Number (PHN) ☐ N/A	Province or Territory that issued the PHN *If patient does not have a PHN, provide the province or territory of patient's usual place of residence*	Birthdate (YYYY / MM / DD)

PRESCRIPTION PLANNING

Prescription Release		**Return of Unused Medications**	
Planned Release Date (YYYY / MM / DD)	Planned Release Time (00:00 am/pm)	Planned Return Date (YYYY / MM / DD)	Planned Return Time (00:00 am/pm)

Plan for Concluding Medical Assistance in Dying Process

☐ Completed	Procedures have been established for the return of any unused and partially used medication(s) within 72 hours to the Pharmacy for secure and timely disposal. Any Pharmacist within the dispensing pharmacy can receive back unused and partially used medications from the Prescriber.

PRESCRIPTION ACCOUNTABILITY

Medication Adminstrative Record

☐ Completed	The Prescriber has been instructed on how to complete the Medication Administration Record for medical assistance in dying medications.
☐ Completed	Confirmation of photo ID of Prescriber, if applicable

Dispensed By: Pharmacist

Last Name	First Name	CPBC License Number	Phone Number

Work Mailing Address	Work Email Address

Where was the substance dispensed? ◯ Hospital Pharmacy ◯ Community Pharmacy ◯ Other (specify)	Date (YYYY / MM / DD)	Time (00:00 am/pm)

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

Received By: Prescriber

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.	☐ Practitioner did not return the medications by the pharmacist's reporting deadline (6 business days from the scheduled date of administration).

Medication Name(s)	Strength (mg/ml)	Quantity (mg)	Consistent With MAR?
☐ **Sealed** back-up IV kit returned	N/A	N/A	◯ Yes ◯ No
			◯ Yes ◯ No
			◯ Yes ◯ No
			◯ Yes ◯ No
			◯ Yes ◯ No

Returning Prescriber Last Name	Returning Prescriber First Name	CPSID # / BCCNM #	Date Returned	Time Returned	Prescriber Signature

Receiving Pharmacist Last Name	Receiving Pharmacist 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.

This information is collected by the Ministry of Health under s.26(c) of the *Freedom of Information and Protection of Privacy Act* (FOIPP Act) and will be used for the purposes of monitoring and oversight for the provision of Medical Assistance in Dying in British Columbia. Should you have any questions about the collection of this personal information, please contact the Manager, Medical Assistance in Dying Oversight Unit at PO BOX 9601 STN PROV GOVT, Victoria BC V8W 9P1; 236-478-1915

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