

SECTION 21 – PATIENT INTAKE FORM

Section 21's:

Before any medicine can be sold in South Africa, it must be approved by the South African Health Products Regulatory Authority (SAHPRA), who certifies that the medicine is safe, of good quality and is effective.

Unless the medicine has gone through these processes, it cannot be on the shelves for sale. In exceptional circumstances, SAHPRA may permit access to unregistered medicines. This exception is permitted by section 21 of the Medicines and Related Substances Act, 101 of 1965 through a process that is commonly referred to as “a section 21 application”.

Dispensing of Medicinal Cannabis:

Under the Medicines Act, medical practitioners can apply to SAHPRA for permission to access and prescribe unregistered medicines – including cannabis – for their patients in certain exceptional circumstances.

The only means by which a patient will be able to obtain Medicinal Cannabis in South Africa is through a medical practitioner who holds the relevant license to prescribe it, which license is obtained from SAHPRA.

A Pharmacist registered accordingly with the relevant Pharmacy Council are able to provide medicinal cannabis when provided with a legitimate prescription from a medical practitioner. Medicinal Cannabis products may thus be made available to specific patients under medical supervision and through legal channels as confirmed by SAHPRA in the guideline document in this regard.

1. Supporting Documents Required:

- Notification of Payment
- Copy of ID

1. PARTICULARS OF PATIENT:

Title:		Full Names:					
Surname:							
ID Number:				Occupation:			
Age:		Gender:		Weight (kg):		Height (cm):	
Residential Address:							
				Postal Code:			
Cellular Phone Number:				Alternative Number:			
Email Address:							
<p>Diagnosis – Full description including severity, staging and prognosis where applicable:</p> <p><i>Example:</i> <i>Chronic Pain, Anxiety, Fibromyalgia etc.</i> – Please give a full description.</p>							
<p>Details of current treatment regimen for the above diagnosis. Include medical, surgical and other treatment:</p> <p><i>Example:</i> <i>Aspirin, Ibuprofen, Naproxen, Serotonin and Norepinephrine.</i></p>							
<p>Do you suffer from any other conditions not yet mentioned? If yes, please specify as well as current treatment.</p> <p><i>Example:</i> <i>High Blood Pressure, Cholesterol, Diabetes etc.</i></p>							
Do you smoke Cannabis?							
Do you use Cannabis in any other form?		Specify:					

2. PICK-UP POINT REQUEST:

Herewith I, _____ (full names & surname)
would like to request that my medicine be sent to the following pick-up point:

Store Name:	
Store Address:	

Signature of Patient:

Date:

3. TERMS AND CONDITIONS:

1. There will be no refund of application fees for any reason after there has been any work done on the application. As long as the application has been sent to the relevant department, work is considered to have been done and the application fee will neither be refundable nor transferable.
2. The South African Health Products Regulatory Authority is responsible for the authorization of Section 21 Applications in terms of Section 21 of Act 101 of 1965. Should an application be unsuccessful and or be withdrawn by the Authority neither *The Health Centre Pharmacy (Pty) Ltd*, *CBD Full Spectrum Manufacturers International (Pty) Ltd* and or its approved Pick-Up points can be held liable.
3. *The Health Centre Pharmacy (Pty) Ltd*, *CBD Full Spectrum Manufacturers International (Pty) Ltd* and or its approved Pick-Up Points will not take any responsibility or provide any assistance should an event arise where the product has not been received from one of our approved Pick-Up Points, the product is not in the correct packaging as dispensed directly from *The Health Centre Pharmacy (Pty) Ltd*, where an individual has more than the allowed quantity as per the individual's prescription, or where the law was broken (for example, using the product while driving or in a public space where it is not permitted).

Signature of Patient:

Date:

4. INFORMED CONSENT FORM:

I, _____ (full names and surname) voluntarily agree to be treated with a medication namely **1% (one percent) or more Delta-9 Tetrahydrocannabinol** which is not registered in South Africa.

I confirm that I have been fully informed and my questions answered about my disease (for which a section 21 application is being made), its cause, severity, prognosis, available (in South Africa) registered treatment options and the reasons for the current state of my illness and the unregistered medication and application to use a medication that is not registered in South Africa and that:

- the medication is not registered in South Africa) and that this implies that the quality, effectiveness and safety of this medication have not been verified by SAHPRA.
- the medication will only be supplied to and used by and on me once specific approval has been obtained from SAHPRA.
- appropriate measures will be taken to prevent, monitor and manage the unwanted effects on me of the unregistered medication.
- use of the unregistered medication on and by me is for managing my disease and not for medical research.
- I will be free to stop using the medication at any time and that I will inform my (treating) doctor accordingly.

Date:

Full Names of patient/guardian:

Signature of patient/Guardian:

5. THE PROTECTION OF PERSONAL INFORMATION (POPI) ACT CONSENT FORM:

The Protection of Personal Information (POPI) Act 4 of 2013 requires us to inform you how we use, disclose and destroy personal information we obtain from you.

I, _____ (full names and surname) the undersigned hereby consent to the following:

1. My personal information may be collected, processed, recorded and used by *The Health Centre Pharmacy (Pty) Ltd*, *CBD Full Spectrum Manufacturers International (Pty) Ltd* and or its approved Pick-Up points for the duration of my application and as long as I am a patient.
2. *The Health Centre Pharmacy (Pty) Ltd*, *CBD Full Spectrum Manufacturers International (Pty) Ltd* and or its approved Pick-Up points may share my personal information with all the parties involved in the process of my application.
3. Furthermore, I understand that:
 - 3.1 I have the right to access my personal information which *The Health Centre Pharmacy (Pty) Ltd*, and all the parties involved in the process of my application holds.
 - 3.2 I have the right to ask *The Health Centre Pharmacy (Pty) Ltd* and all the parties involved in the process of my application to update, correct or delete my personal information on reasonable grounds.
 - 3.3 Should I wish to withdraw my consent to process my personal information, I must do so in writing addressed to *The Health Centre Pharmacy (Pty) Ltd*.
 - 3.4 Once I withdraw my consent for *The Health Centre Pharmacy (Pty) Ltd* to process my personal information, I understand that *The Health Centre Pharmacy (Pty) Ltd* and all the parties involved in the process of my application are still obliged under other legislation to keep the information for 5 years after termination of the relationship between *The Health Centre Pharmacy (Pty) Ltd* and all the parties involved in the process of my application and myself.
 - 3.5 *The Health Centre Pharmacy (Pty) Ltd*, and all the parties involved in the process of my application may disclose my information where they have a duty or a right to disclose in terms of applicable legislation or where it may be necessary under other law.

Signature of Patient:

Date: