



This form, when completed, will be classified as 'For official use only'.  
For guidance on how your information will be treated by the TGA see: Treatment of information provided to the TGA at  
<<http://www.tga.gov.au/about/tga-information-to.htm>>.

## Authorisation of supply under s19(5) or section 41HC Therapeutic Goods Act 1989

### Consent to treatment and indemnity for use of products derived from biological tissue including human blood or plasma

I, \_\_\_\_\_  
(name of patient or parent/guardian)

understand that the Commonwealth can give no guarantee as to the quality, safety or efficacy of

\_\_\_\_\_  
(name of product),

particularly as regards any prion or viral inactivation procedures used in its manufacture. Accordingly, the Commonwealth can accept no liability for its use.

I understand that this product is not approved for use in Australia but that use of the product has been approved under the provisions of section 19(5) or section 41HC of the *Therapeutic Goods Act 1989*.

I confirm that the above statements have been explained to me and in this knowledge agree to administration of the product to me/my ward.

**Patient's name:** \_\_\_\_\_

**Signature of patient:** \_\_\_\_\_ **Date** \_\_\_\_\_  
(or parent/guardian)

**Signature of witness:** \_\_\_\_\_ **Date:** \_\_\_\_\_

I have explained the above statements to the patient or the patient's parent/guardian.

**Treating physician:** \_\_\_\_\_

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Do Not Send to TGA.**  
**Should be kept on patient's file.**