

If you have any questions about how to complete the Pharmacist Substance Dispensing Record, contact the Alberta Health Services (AHS) Care Coordination Services at maid.careteam@ahs.ca or through Health Link at 811.

A pharmacist or pharmacy technician who dispenses a substance in connection with the provision of medical assistance in dying (MAID) must provide the following information within 30 days after the day of dispensing the substance. Only the pharmacist or pharmacy technician who actually dispenses the substance is required to report (*not others in their team*) and only one report is required where more than one substance is dispensed for the purpose of providing MAID to a patient.

- Retain this form for the patient's medical record.
- After dispensing the substance (*in connection with the provision of medical assistance in dying*), send a copy of this form by **fax 403-592-4266** to the Medical Assistance in Dying Regulatory Review Committee c/o the Chair of the Regulatory Review Committee.

1. Patient Information			
Date of Birth (<i>dd-Mon-yyyy</i>)	Personal Health Number (PHN) <input type="checkbox"/> N/A	Province/Territory (<i>that issued PHN</i>)	
2. Pharmacist/Pharmacy Technician Information (<i>dispensing substance</i>)			
First Name	Last Name		
Province/Territory (<i>where substance for MAID dispensed</i>)	Category <input type="checkbox"/> Pharmacist <input type="checkbox"/> Pharmacy Technician		
License/Registration Number (<i>applicable to where substance is dispensed, if you practice in more than one province or territory</i>)			
Mailing Address (<i>Primary Workplace</i>)			
City/Town	Province/Territory	Postal Code	Work Email
3. Practitioner Information (<i>prescribed/obtained substance</i>)			
<i>Information about the practitioner is required to be able to link reports of practitioners and pharmacists.</i>			
First Name	Last Name	License or Registration Number	
4. Dispensing the Substance			
Date of Dispensing the Substance (<i>dd-Mon-yyyy</i>)	Where was the substance dispensed? <input type="checkbox"/> Hospital Pharmacy <input type="checkbox"/> Community Pharmacy <input type="checkbox"/> Other (<i>specify</i>) _____		
5. Supplementary Information (<i>provide supplementary information to clarify your responses, if applicable</i>)			
6. Statement of Understanding			
I understand that by participating in providing any part of medical assistance in dying, my professional information will be collected, used and disclosed to the federal Minister of Health, or their delegates, for the purpose of monitoring medical assistance in dying.			Initials

The collection of your health information on this form (including the supporting documentation and Personal Health Number) is legally authorized by sections 20(b), 21(a) and 27(a) of the Health Information Act (Alberta). If you have any questions about the collection of your personal information as provided on this form, please contact AHS Medical Assistance in Dying Care Coordination Service by emailing maid.careteam@ahs.ca, through Health Link at 811 or sending your questions in writing by prepaid mail addressed to the attention of The Provincial Medical Assistance in Dying Office: 6th Floor, 10101 Southport Road SW Calgary, AB T2W 3N2.