IntroCann™

DOCTOR FORM S21

Any questions?
Email us at
info@introcann.com

Welcome to the IntroCann Experience

Prescribing with us is quick and easy! Let us do all the hard work for you!

The form is to be completed by the DOCTOR.

Step 1: ASK YOUR PATIENT TO REGISTER WITH INTROCANN

This makes the process simpler. Your patient can register before their appointment or at their appointment.

STEP 2: PRESCRIBE MEDICAL CANNABIS - RX

Complete the prescription for the patient - Section 21 application.

Step 3: INFORMED CONSENT

Filled out by the doctor and signed by both the patient and doctor.

Step 4: PAYMENT

Payment of the mandatory non-renewable fee of R350 is required to SAHPRA. You must use your Patient or your own ID Number or full name as a reference on the proof of payment (on the online application we will have a simple pay button). SAHPRA will not process the application until the fee is paid.

Step 5: LET US DO THE REST

Submitting your forms.

Send your completed forms together with proof of payment via email, courier or post. Once received, your completed forms will be verified and begin the process of obtaining approval. Once approved the product will be delivered to the location of your patient's choice. This could be your patients pharmacy, home or office or yourself, if your a licensed dispensing doctor.

It is important to let us know your preferred method of communication as we will let you know once we have received your application safely.

We are here to help, if you have any questions or would like to know more send us an email at info@introcann.com

Kind Regards,
Your team at IntroCann

PLEASE NOTE: It is **VERY IMPORTANT** that **ALL** mandatory fields are completed. If any mandatory fields are left blank we will not be able to process your application. If you require assistance send us an email at info@introcann.com

SECTION 21 FORM (SHORTENED VERSION)

SECTION 1: Doctor Information

All fields mark with a * are compulsory

Title*

First name *

Surname*

SA ID Number*

Email *

SECTION 2: Particulars of the Patient

Title*

First Name*

Surname*

Age*

Years

SA ID Number *

Gender*

Male Female

Cell Number*

Weight*

Height*

Email *

Residental Address*

SECTION 3: Diagnosis and Product/Prescription Rx

State the diagnosis and/or indication *

*Please note if you require more space please attach on your official prescription document

Full description of diagnosis including severity, staging and prognosis where applicable *

Motivation for the use of the unregistered medication *

Clearly state reason for not using a SAHPRA registered medication *

***Please note if you require more space please attach on your official prescription document**

SECTION 21 FORM (SHORTENED VERSION)

Details of current standard treatment regimen for the above diagnosis (include medicinal, surgical and other treatment)

Concomitant disease/s (brief description including severity, staging and prognosis where applicable)

Current treatment regimen/s for the above concomitant disease/s

Please specify which of, and the doses of the above treatment regimens that will be continued together with the unregistered medication.

*Please note if you require more space please attach on your official prescription document

SECTION 21 FORM (SHORTENED VERSION)

Patient Product Selection*

Please tick the box with the product you require/ multiple products can be selected*

If you are unsure of which product is suitable for your patient, please click the check box and the IntroCann team will assist in establishing a suitable and previously approved product by SAHPRA for this condition and liaise with the Doctor	☐

Please see the following products

Product description No. of capsules mg of Cannabinoids per capsule	Aurora CBD Softgels 30mL 11 mg Cannabinoids	HIGH CBD : LOW THC (10.5 mg of CBD; 0.5 mg of THC)	☐
Product description Bottle Size mg of Cannabinoids per mL	Aurora CBD Drops 30mL 30 mg Cannabinoids	HIGH CBD : LOW THC (28.6 mg of CBD; 1.4 mg of THC)	☐
Product description Bottle Size mg of Cannabinoids per mL	Aurora 1:1 Drops 30mL 31.1mg Cannabinoids	Balanced 1:1 (15.8 mg of CBD; 15.3 mg of THC)	☐
Product description Bottle Size mg of Cannabinoids per mL	United Organic 30mL 25.3 mg Cannabinoids	LOW CBD : HIGH THC (0 mg of CBD; 25.3 mg of THC)	☐
Product description Spray Size mg of Cannabinoids per mL	ELIXIR CBD 15 mL 69mg Cannabinoids	HIGH CBD : LOW THC (65 mg of CBD; 4 mg of THC)	☐
Product description Spray Size mg of Cannabinoids per mL	ELIXIR 1:1 15 mL 30mg Cannabinoids	Balanced 1:1 (15 mg of CBD; 15 mg of THC)	☐

*Check portal for availability of product.

SECTION 21 FORM (SHORTENED VERSION)

Prescription and planned treatment regimen of the unregistered medicine for the above patient. (Dose, frequency, route and duration of administration) *

If you are unsure of which titration regime would be most suitable for your patient, please click the check box and the IntroCann team will assist in establishing a suitable titration regime and liaise with the Doctor ☐

Rx

*Please note if you require more space please attach on your official prescription document

SECTION 21 FORM (SHORTENED VERSION)

Have you or any other person or institution applied to SAHPRA for the use of the same or other unregistered medicine for the same patient in the past? *

○ Yes ○ No

If yes, specify and supply the SAHPRA approval number *

(e.g S_____/ __ or OS____)

I hereby certify that:

- the use of this unregistered medication is purely for the management of the patient's disease and not research.
- data collected during treatment of the patient with the unregistered medication, may only be used for research after obtaining specific approval from the patient and the SAHPRA, and that the SAHPRA will be supplied with the results (published and unpublished) of such research.
- a copy of this application form and consent form will be made available on request to the patient and any registered health care professional who may be involved in the treatment of the above patient.
-the above information is true to the best of my knowledge

Signature *

Date*

dd/mm/yyyy

Important Reminder

Payment of the mandatory fee of R350 to SAHPRA *

○ Yes

Payment reference number: *

ID Number/Full name

Bank Details:
IntroCann
Nedbank
Account number: 1205023631
Branch Code: 19700500
Account Type: Cheque Account

Informed Consent obtained for the use of the unregistered medicine on the patient *

○ Yes

Please attach a completed signed valid Informed Consent form * - SECTION 4

Please scan this completed document and email to: info@IntroCann.com

Mail original document to: IntroCann P.O Box 650115, Benmore, 2010

SECTION 21 FORM (SHORTENED VERSION)

SECTION 4: Informed Consent*

I, _____ (**full names of the patient**)* voluntarily agree to be treated with a medication, namely medical cannabis which is not registered in South Africa _____doctor to complete_____ **(name of doctor)*** for _____doctor to complete_____ **(name of the disease)*.**

I confirm that I have been fully informed and my questions answered by _____doctor to complete_____(**name of doctor**)* about my disease (for which a section 21 application is being made), its cause, severity, prognosis, available registered treatment options in South Africa 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 S.A., 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 the South African Health Products Regulatory Authority (SAHPRA);
- the medication will only be supplied to, and used by and on me once specific approval has been obtained from SAHPRA;
-the medical cannabis is approved for the treatment of _____doctor to complete_____ (**my disease**)* in Canada, and that its quality, efficacy and safety are well documented and within legally and scientifically acceptable levels;
- appropriate measures will be taken to prevent, monitor and manage the unwanted effects on me of the unregistered medication;
- _____doctor to complete_____ (**name of doctor**)* will comply with all regulations of the SAHPRA, laws (S.A. and foreign) and conditions of approval of use of this unregistered medication and accordingly ensure continued availability and supply of the medication;
- use of the unregistered medication on and by me is for managing my disease and not for medical research;
- any information collected by _____doctor to complete_____ (**name of doctor**)*, his/her employer, successor or any other person other than the SAHPRA or its legal representative, may be used for research purposes upon receipt of specific written separate informed consent from me, my guardian or person responsible for my affairs after my death; and
- I will be free stop using the medication at any time and that I will inform my (treating) doctor accordingly.

Full Name:* _____ Name of Doctor:* _____

Signature:* _____ Signature of Doctor:* _____

Date* _____dd/mm/yyyy_____ Date:* _____dd/mm/yyyy_____

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