



## FORM 6 – *Medical Assistance in Dying*

### DISPENSING OF MEDICATION

This form is to be completed by a pharmacist dispensing medication for the purposes of medical assistance in dying (MAID).

**Note:** Only pharmacists are permitted to dispense the medications. Medications must only be dispensed in a hospital pharmacy and must only be provided to a medical practitioner, nurse practitioner, or registered nurse.

**All information is mandatory unless indicated otherwise.**

#### PHARMACIST ACTIONS REQUIRED

- The completed form must be placed on the patient's medical record and a copy securely emailed\* or faxed to the MAID Review Committee **within 72 hours of dispensing the medications.**

\* Completed forms being sent by email are to be sent via *Secure File Transfer* (<https://sft.gov.nt.ca>).

#### MAID Review Committee

Phone: 867-767-9062 ext. 49190

Secure Fax: 867-873-2315

Email: [MAID\\_ReviewCommittee@gov.nt.ca](mailto:MAID_ReviewCommittee@gov.nt.ca)

#### 1. PATIENT INFORMATION

Name:

Date of Birth (DD/MM/YY):

Health Care Number:

#### 2. PHARMACIST INFORMATION

Name:

Name of hospital where substance was dispensed:

Mailing address of hospital where substance was dispensed (street, city/town, postal code):

NWT License Number:

Phone Number of Pharmacist:

Work Email Address:

X

Signature

Date (dd/mm/yyyy)

Time

### 3. PROVIDING PRACTITIONER INFORMATION

Name:	NWT License Number:
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### 4. DISPENSING INFORMATION

I, \_\_\_\_\_, confirm that, before dispensing any medications, I was informed by  
Name of Pharmacist (please print)

the Providing Practitioner that the medication(s) prescribed are being prescribed to \_\_\_\_\_  
Name of Patient (please print)

for the purpose of providing MAID.

Date substance was dispensed (prepared) (dd/mm/yyyy):

I have dispensed the medications to:

Name (please print): \_\_\_\_\_ Date (dd/mm/yyyy): \_\_\_\_\_

The personal health information on this form is being collected under the authority of the *Criminal Code of Canada*. It is protected by the privacy provisions under the federal *Privacy Act* and the Northwest Territories *Health Information Act* (HIA) and will not be used or disclosed unless allowed or required by the *Privacy Act*, HIA, or any other Act. If you have any questions about this form, please contact the Medical Assistance in Dying Review Committee at 867-767-9062 ext. 49190.