

Structured Administration and Supply Arrangement

SASA details	
Title:	
Identifying No:	

Issuing authority	
Health organisation name:	
Address:	
Contact:	

Authorised persons	
Practitioners:	
Location:	
Qualification:	

Authorised medicine			
Medicine name:		Brand:	
Form:		Strength:	
Dose:		Quantity:	
Route:			
Instructions:			

Approved circumstances	
Authorised to:	
Place:	
Patients:	
Medical condition:	

Clinical / other information	
Patient inclusion	
Patient exclusion:	
Special instructions:	
Administration notes:	
Clinical guidelines	

Approval			
CEO name:			
Date of issue:			
Date of expiry:			
Clinical governance committee			
Chairperson name:			
Date approved:			
Senior medical practitioner			
Name:			
Date:		Signature:	