

**Supplementary Page: Notification of Loss or Theft of Accountable Drugs
(S8 and S4D substances)**

Complete this page if an incident involved the loss or theft of more than three types of preparations. This page must be submitted with a completed Notification Form.

1. Details of person reporting **loss** or **theft**

Name:

Position:

2. Details of Facility/Business

Name:

Address:

LHD *(For public health facilities only)*:

3. Details of drug/s **loss** or **theft**

(4) Drug Name:		Specify 'other'
Strength:	Form:	Quantity:
(5) Drug Name:		Specify 'other'
Strength:	Form:	Quantity:
(6) Drug Name:		Specify 'other'
Strength:	Form:	Quantity:
(7) Drug Name:		Specify 'other'
Strength:	Form:	Quantity:
(8) Drug Name:		Specify 'other'
Strength:	Form:	Quantity:
(9) Drug Name:		Specify 'other'
Strength:	Form:	Quantity:
(10) Drug Name:		Specify 'other'
Strength:	Form:	Quantity:
(11) Drug Name:		Specify 'other'
Strength:	Form:	Quantity:
(12) Drug Name:		Specify 'other'
Strength:	Form:	Quantity:

**Email this page with completed notification form to: moh-pharmaceuticalservices@health.nsw.gov.au
For assistance contact Pharmaceutical Services during business hours on (02) 9391 9944.**