



APPENDIX B

Document of Understanding (Extended Drug Supply)

I am currently receiving medication from the Saskatchewan Cancer Agency prescribed by my cancer doctor. I will be outside of Saskatchewan for an extended period of time and therefore have requested that I be provided with an additional supply of medication.

I understand that:

- The Cancer Agency and my cancer doctor will determine the quantity and type of medication that can be provided to me at any one time.
If my cancer doctor recommends medical tests (e.g. blood work) to safely use the medication at my destination, it is my responsibility to arrange and pay for the tests and to provide the results to my cancer doctor.
If the medication is given by injection, it is my responsibility to arrange and pay for injection-related services at my destination.
If the supply of medication is not sufficient to last until I return to Saskatchewan, it is my responsibility to either:
- Arrange for medical assessment and purchase medication at my destination; or
- Return to Saskatchewan for medical assessment and obtain the medication from the Cancer Agency.
I am responsible to properly store and secure the supply of medication. If the medication is damaged, lost or stolen, it is my responsibility to arrange for and purchase replacement medication with no expectation of reimbursement from the Cancer Agency.

I also understand that:

- I may only be reimbursed by the Cancer Agency for additional supplies of medication purchased at my destination if the medication is part of the Cancer Agency's Drug Formulary. Any reimbursement will be based on the Cancer Agency's price, not the purchase price at my destination.
I will not be reimbursed by the Cancer Agency for medication that is damaged, lost or stolen.
Other related medical expenses (e.g. doctor appointments, laboratory tests, medical investigations) will not be reimbursed by the Cancer Agency. If in Canada, these expenses may be covered under The Canada Health Act.

Patient or Legal Representative Signature

My signature confirms that I have read this document and understand the information. I have had the opportunity to ask questions and have had my questions and concerns answered to my satisfaction.

Patient/Legal Representative Signature Printed Name Date

Healthcare Practitioner Signature Printed Name Date

Copy of document provided to patient