# Patient Consent Form

Use of molnupiravir (Lagevrio®) in the treatment of COVID-19 in adults

Molnupiravir (Lagevrio™) has provisional TGA registration in Australia and is used in the treatment of COVID-19. The National COVID-19 Clinical Evidence Taskforce has made recommendations about when molnupiravir is most likely to be effective in the treatment of COVID-19.

## Important information to note

- Molnupiravir is provisionally registered for use in Australia to treat COVID-19. More information about its effectiveness and safety is needed before it is fully registered.
- There are no guarantees of the effectiveness of molnupiravir when it is used to treat COVID-19 and it is possible no benefit may be experienced from this medicine.
- There are no guarantees of the safety of molnupiravir when it is used to treat COVID-19 and even with careful precautions in place, unforeseen complications may occur.
- There is potential for drug interactions (known and unknown) with the use of molnupiravir.
- There is a possibility of experiencing side effects with the use of molnupiravir.

**Patient's details**

| | |
|---|---|
| Patient's first and last name | |
| MRN | |
| Date of birth | |

**Please indicate how consent has been obtained (tick box)**

| | |
|---|---|
| Written consent | ☐ |
| Verbal consent | ☐ |

I confirm that I have been able to ask questions and I am satisfied with the explanation and the answers to my questions. I understand I can change my mind and withdraw my consent to being treated with molnupiravir at any time. With this knowledge, I **consent** to the use of molnupiravir in the treatment of COVID-19 in me/the person I am responsible for**:**

**Signature of patient (or person responsible*):** _____ **Date:** _____
*Leave above blank if verbal consent is obtained*

**Name of person providing consent (if not patient):** _____
**Relationship to patient:** _____ **Contact telephone number:** _____

## Doctor's Declaration

☐I have provided to the patient/their person responsible an explanation of the use of molnupiravir, its potential benefits and harms. I believe the information has been understood. *Please print & sign this form and file with the patients' Health Record.*

**Doctor's name & designation**_____
**Signature**:_____ **Date:** _____

If the patient cannot converse adequately in English, please use an accredited healthcare interpreter. Do not rely on relatives or other parties for interpreting.

**Language:** _____ **Name of interpreter & ID #:** _____
**Signature**: _____ **Date**: _____