

# Patient Consent Form

Use of nirmatrelvir and ritonavir (Paxlovid™) for the treatment of COVID-19 in adults

Nirmatrelvir and ritonavir (Paxlovid™) has provisional TGA registration in Australia and is used to treat COVID-19. The [National COVID-19 Clinical Evidence Taskforce](#) has made recommendations about when nirmatrelvir and ritonavir is most likely to be effective in the treatment of COVID-19.

## Important information to note –

- Nirmatrelvir and ritonavir is provisionally registered for use in Australia to treat COVID-19. More information about its effectiveness and safety is needed before it can be fully registered.
- There are no guarantees of the effectiveness of nirmatrelvir and ritonavir 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 nirmatrelvir and ritonavir 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 nirmatrelvir and ritonavir.
- There is a possibility of experiencing side effects with the use of nirmatrelvir and ritonavir.

## Patient's details

Patient's first and last name	
MRN	
Date of birth	

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

Written consent	<input type="checkbox"/>
Verbal consent	<input type="checkbox"/>

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 nirmatrelvir and ritonavir at any time. With this knowledge, I **consent** to the use of nirmatrelvir and ritonavir in the treatment of 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 nirmatrelvir and ritonavir, its potential benefits and harms. I believe the information has been understood. *Please print and sign this form and file with the patients' Medical 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:** \_\_\_\_\_

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