HSC Business Services Organisation | Department of Health | HSC Health and Social Care in Northern Ireland

CDRF1

Northern Ireland Controlled Drug Stock Requisition Form (Schedules 2 & 3)

The guidance notes on the reverse should be read before completion. All sections must be completed legibly using indelible ink.

Part One - Details of Purchaser

Name of Authorised Person (capitals)			
Occupation (capitals)			
Professional Registration Number e.g. GMC/GDC (if applicable)			
Details of organisation(s) where drugs may be used			
Name Address			
Contact Telephone Number			
Signature of Authorised Person		Date	
Counter Signature (if required – see guidance notes)		Date	

Part Two - Details of Controlled Drugs Requested

Drug Name (in capitals)	Full Details of Strength	Form	Quantity

Purpose for which drugs are to be used (tick in box provided ✓)

1		For use in medical practice	2		For use in dental practice
3		For use in independent hospital/clinic	4		For paramedic use
5		For use in veterinary practice	6		Other (please state reason briefly below)*
*					

Part Three - Details of Supplier and Person Collecting Controlled Drugs

Name & Address of Supplier (Legible Stamp acceptable)			
I confirm that I am authorised to supply controlled drugs in this way and have checked that the recipient is authorised to possess the controlled drugs ordered above. .			☐
Name & Role of Person Supplying (capitals)			
Signature of Person Supplying		Date	
To be completed at the point of collection/delivery			
Signature of Person Collecting/Receiving CDs		Date	
If CDs are not collected/received by the authorised person, he/she must provide a written statement confirming the recipient is empowered to collect/receive the CDs on their behalf.			☐
*For record-keeping purposes, provide the person collecting/receiving CDs with a copy of the **completed** form.*			

REFERENCE NUMBER (optional)

Guidance Notes for use and completion of CD requisition forms (CDRF1)

1. This form must be used to order (requisition) controlled drug (CD) stock (Schedules 2 and 3) by:
    a. Individual practitioners e.g. doctors, dentists and vets for non-Health Service purposes
    b. Private hospitals/clinics where there is no on-site pharmacy
    c. Private paramedics operating outside NIAS engagement and who possess the appropriate licence issued by the Department of Health
    d. Others as required by legislation* e.g. owner or master of a ship, or persons in charge of a laboratory
2. This form should also be used when transferring CDs between pharmacies.
3. The HS21S should continue to be used for obtaining CD stock (Schedules 2 and 3) by GPs for Health Service purposes.
4. The CDRF1 form (together with notes for completion) should be downloaded as required from the HSCB Medicines Governance website at: http://www.medicinesgovernance.hscni.net/primary-care/controlled-drugs/private-cds/.
5. An example of a completed form is available on the website for information.

*Exception: Northern Ireland Ambulance Service (NIAS) and Hospices: NIAS and hospice designated forms should be used.

Completion of the form:

Purchaser (Authorised Person):

1. The person ordering Schedule 2 or 3 CDs must:

In Part One of the CDRF1:

- Write in capitals their name, occupation and professional registration number (if applicable).
- Write the name, address and telephone number of the employing organisation/premises where the CDs will be used.
- Sign their name and enter the date in the correct boxes at the bottom of Part One. Note: Requisitions for private hospitals/clinics must be countersigned by a doctor (or dentist) working there.

In Part Two of the CDRF1:

- Write the CDs to be ordered (including drug name in capitals, full details of strength, form and quantity). A new line should be used for each drug. An additional form should be used if necessary.
- Indicate the purpose for which the drug(s) are required.

Supplier:

The person/organisation supplying the CDs (e.g. community pharmacy, wholesaler) must:

1. Check that the purchaser has completed all relevant sections correctly, is authorised to possess the CDs ordered and that the CDRF1 is a genuine and original document (Note: the CDRF1 may be accepted without the "Guidance notes for use and completion of CD requisition forms").

2. In Part Three of the CDRF1:
    - Write the name and address of their own organisation (a stamp is acceptable if legible and includes all details)
    - Tick the box to confirm that they are authorised to supply CDs in this way and that they have confirmed the purchaser is authorised to possess the CDs ordered on the requisition. (Pharmacists should follow MHRA, Home Office and professional guidance when undertaking wholesale transactions. Refer to the guidance on wholesale dealing below).
    - Write their name and role (in capitals), sign and enter the date of supply in the relevant boxes.
    - Community Pharmacies:
        - Request the person collecting/receiving the CDs to sign and date the form in the relevant boxes
        - Where a messenger is used to collect/receive the CDs, tick the box to confirm a written authorisation has been received from the authorised person empowering the messenger to receive the CDs on their behalf. Note: use of messengers is not recommended practice.
        - Provide a copy of the completed form to the person collecting/receiving the CDs.

A reference number box is included for optional use. Suppliers may wish to use for audit purposes.

Community Pharmacists: Completed CDRF1 forms with the exception of veterinary requisitions and those relating to inter-pharmacy stock transfers must be submitted to the Business Services Organisation (BSO) as part of the standard monthly submissions. Section O of the HS30 must be completed accordingly. Note: BSO does not reimburse against this form – the purpose of submission is for monitoring purposes only.

Wholesalers: CDRF1s do not need to be submitted to BSO as CD supplies by wholesalers are monitored using other means.

Further Information:

- http://www.legislation.gov.uk/id/nisr/2019/208
- Guidance on the Safe Management and Use of Controlled Drugs https://www.health-ni.gov.uk/publications/guidance-safe-management-and-use-controlled-drugs
- Wholesale Dealer Authorisations (including stock requisitions & controlled drugs) https://www.health-ni.gov.uk/sites/default/files/publications/dhssps/cdl-advice-wholesale-dealing040116.pdf
- Guidance on Private Prescribing of Schedule 2 and 3 CDs for both Stock and Named Patients http://www.medicinesgovernance.hscni.net/primary-care/controlled-drugs/private-cds/

Data Protection Statement: Completed CDRF1s submitted to the BSO will be forwarded to the Health and Social Care Board. This information may be used within the HSC to prevent inappropriate use of controlled drugs and may be disclosed to organisations outside the HSC that have a lawful entitlement to receive it. BSO may retain CDRF1s for up to 6 years.