APPENDIX N: Sample Request for an Unlisted Drug Product, Testosterone Enanthate (Delatestryl)

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Please provide relevant medical data (e.g. culture and sensitivity reports, serum drug levels, laboratory results): Patient is transgender and meets criteria for hormone therapy he information on this form is collected under the authority of the <i>Personal Health Information Protection Act</i> , 2004, S.O. 2004, c.3, Sched. A (PHIPA) and Section 13 of the <i>Ontrug Benefit Act</i> , R.S.O. 1990c.O.10 and will be used in accordance with PHIPA, as set out in the Ministry of Health and Long-Term Care "Statement of Information Practices", will also be accessed at www.health.gov.on.ca. If you have any questions about the collection or use of this information, call the Ontario Drug Benefit (ODB) Help Desk at 1 800 668-6 contact the Director, Exceptional Access Program Branch (EAPB), Ministry of Health and Long-Term Care, 3rd floor, 5700 Yonge St., Toronto ON M2M 4K5.	Section 4 – Diagnosis an Diagnosis for which the drug is no Gender Dysphoria Reason for use over formulary a No alternative on formulary, f the patient is currently taking the f applicable: improved menta Section 5 – Current and a) Please provide details of all Name of a (indicate if currently or N/A b) Provide patient's concomitation Section 6 – Clinical Infor Please provide relevant medical Patient is transgender and me	equested: Iternatives: needs EAP for both he requested product, al health and psychos / or Previous Med ternatives (listed drugs drug previously taken)	Testosterone Emplease provide star social function. dications and/or non-drug the Dosage ent ous ent ous ent ous ent ous sensitivity reports, one therapy	indefinite	on: Reason(s) why	y formulary Sched. A (f Care State Turg Benefit , Torono C	PHIPA) and Section ment of Information (ODB) Heip Desk a N M2M 4K5.	