

ARIA ADULT AND PAEDIATRIC REGIMEN VALIDATION SUMMARY AND SIGN-OFF

Regimen name					
Related CCFs		Regimen version		Regimen Date*	
References used including version numbers					

PLANNER SECTIONS	AMENDMENTS/COMMENTS
NEW/VIEW PLAN WINDOW	
VIEW/MODIFY PHASE WINDOW	
AGENTS	
ADD/VIEW/MODIFY AGENT	
SCHEDULE EVENTS	
PLAN SUMMARY WINDOW	

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MANAGER SECTIONS	CYCLE(S) TESTED				AMENDMENTS/COMMENTS
	Continue on additional sheet if necessary				
REVIEW PRESCRIPTION DETAILS TAB					
ADJUST DOSE WINDOW					
APPROVAL POP-UP WINDOWS					
PRESCRIPTION DISPENSING WINDOW					
EVENT LIST PRINT OUTS					
INTERNAL/PICK-UP INTERNAL AGENTS PRESCRIPTION					

I CONFIRM THAT I HAVE COMPLETED THE VALIDATION OF THIS REGIMEN AND IT CAN NOW BE MADE LIVE ON ARIA

Validation Completed by		Signed	
Designation		Date	
Superseded regimen(s)		Version(s)	
Regimen to be removed from Test location (if added for validation of support regimen)			
Pharmacist test patient name			