



New licensed/unlicensed ATMP Governance Checklist

Organisation: Manchester University Foundation Trust

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NEW LICENSED/UNLICENSED ATMP PRODUCT PHARMACY GOVERNANCE CHECKLIST

Product Name				
Supplier				
Manufacturer (if different to above)				
Regulatory status	Licensed/Unlicensed* *For Unlicensed products in addition please complete Appendix 1			
Checking step	Yes\No Checker Date			
Treatment centre selected by NHSE to deliver ATMP therapy				
Type of Therapy				
Treatment centre accredited by JACIE to deliver CAR-T cell therapy				
Treatment centre qualified by manufacturer to deliver product				
Governance approvals in place for use of product as applicable: - Medicines Management/Formulary - ATMP Oversight Group/ (or similar)				
ATMP safety risk assessment completed / Virologist involved in the decision for gene therapy				
SMPC available				
Prescription added to electronic SACT prescribing system				
Product added to Pharmacy Ordering system				
Intravenous risk assessment completed				
Trust funding process approved				
Ordering process in place				

Ensure product being tracked by Medicines Finance team and Contracts for Trust reimbursement			
Pharmacy product specific folder in place			
Pharmacy SOP in place for cancellation of order			
Pharmacy SOP in place for credit claims			
Pharmacy SOP in place for deviations			
Pharmacist Final Check			
(Print name, sign, date)			
Comments			



Appendix 1. Additional Checklist for Unlicensed Products

Is the product licensed in another country outside UK, if so, please add the name of country	
Is the product being delivered as part of a trial? If so, indicate name of the trial, sponsor and in which countries the trial is delivered	
Will the protocol be followed, please attach it. Indicate any modifications to the clinical protocol	
Will the Investigational Brochure be followed as a safety reference document and to report any adverse event? Indicate any exceptions	

Checking step	Yes\No	Checker Initials	Date
Approval of Local Ethics Committee			
Patient Information Leaflet and written consent designed and approved by the local Ethics committee			
External Peer review by an expert for suitability of treatment and patient (including HTA when applicable)			
Hospital Medical Director Approval			
MFT quality and Safety Approval			
Vendor assessment and Technical/quality agreement in place for the manufacturing and supply of the product. - This will include verification that the correct manufacturing, importing/exporting licenses are in place			