

Your Logo Here

Your Program Name & Info Here



## OAT PROGRAM

Address

Phone

Fax

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### Consent Form to Participate in Treatment with Sublocade

I hereby acknowledge that I am a client of the \_\_\_\_\_ Opioid Agonist Therapy (OAT) Program. I have had an opportunity to discuss the next phase of my treatment with the treatment team I have agreed to proceed with treatment with Sublocade. The common side-effects and potential for injection site reactions has been reviewed with me. I have also had an opportunity to have my questions regarding this injectable treatment answered.

I understand that I must receive a Sublocade injection from an OAT program nurse or physician once per month, for treatment to be effective. I also understand that if I am more than two weeks late for my scheduled injection, I may have to restart on daily witnessed buprenorphine/naloxone (Suboxone) at my pharmacy, for a period, before I can be transitioned to Sublocade again. Having to restart on Suboxone may require an in-person assessment, which may result in a delay in returning to treatment. This delay carries a risk of relapse.

I acknowledge that Sublocade injections have NOT been studied in pregnant women. Therefore, it is NOT KNOWN if Sublocade is safe in pregnancy. The drug manufacturer states, in the written product information insert (product monograph): "Do NOT use Sublocade if you are:

- Pregnant. Your doctor will decide whether the benefit of giving you Sublocade outweighs the risk to your unborn baby.
- Or if you are of reproductive age and not using an effective and reliable method of birth control.
- Are pregnant or planning to become pregnant."



By signing below, I acknowledge that this form has been reviewed with me and I have had an opportunity to have my questions answered.

Client's Name: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

OAT Program RN or MD (name): \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

