Oliver Knott

To: Cc: Michael Carroll

CC:

Gregory Perry; Geoff Wallace

Subject:

RE: Monthly Epidiolex accountability spreadsheet for August 2017

Date:

Friday, 1 September 2017 8:31:33 PM

Attachments:

image001.png image002.png image003.png image004.png image005.png

Thanks very much Michael.

Kind regards,

Oliver

From: Michael Carroll [mailto:Michael.Carroll@health.qld.gov.au]

Sent: 01 September 2017 07:38

To: Oliver Knott

Cc: Gregory Perry; Geoff Wallace

Subject: RE: Monthly Epidiolex accountability spreadsheet for August 201

Hi Oliver,

The data spreadsheets aren't entirely up to date so I have attached their current versions for your information. While there's only a small amount of work to go, these versions will, in the interim, inform on AE information to date.

Please let me know if you have any questions.

Kind regards,

### Michael Carroll

Clinical Research Manager (Neurodevelopmental Disorders)

Children's Health Queensland Hospital and Health Service

Level 6 - Centre for Children's Health Research

Lady Cilento Children's Hospital

62 Graham Street, South Brisbane OLD 4101

T: +61 7 3069 7405 M:

E: Michael.Carroll@health.gld.gov.au

W: www.childrens.health.qld.gov.au



f 💆 in

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From: Oliver Knott [mailto: @gwpharm.com]

Sent: Thursday, 31 August 2017 9:01 PM

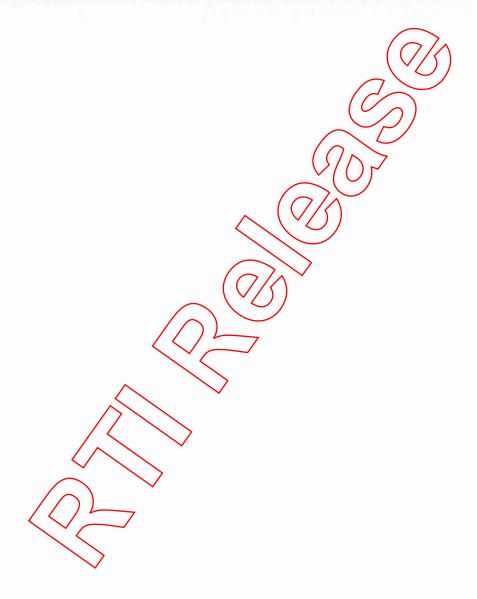
To: Michael Carroll Cc: Gregory Perry

Subject: RE: Monthly Epidiolex accountability spreadsheet for August 2017

Thanks Michael.

From: Michael Carroll [mailto:Michael.Carroll@health.qld.gov.au] Sent: 31 August 2017 07:56 To: Oliver Knott Cc: Gregory Perry Subject: Monthly Epidiolex accountability spreadsheet for August 2017 Hi Oliver, Please find attached our monthly Epidiolex accountability spreadsheet for August 2017. The monthly data backlog is progressing however if it's not completed to morrow \\ \| \text{II} send you an update on AE information. Kind regards, Michael Carroll Clinical Research Manager (Neurodevelopmental Disorders) Children's Health Queensland Hospital and Health Service Level 6 - Centre for Children's Health Research Lady Cilento Children's Hospital 62 Graham Street, South Brisbane QLD 4101 T: +61 7 3069 7405 M: E: Michael.Carroll@health.qld.gov.au W: www.childrens.health.gld.gov.au Children's Health Queensland Service | Integrity | Courage | Innovation | Accoun Queensland Health acknowledges the Traditional Owners of the land, and pays respect to Elders past, present and future. This email, including any attachments sent with it, is confidential and for the sole use of the intended recipient(s). This confidentiality is not waived or lost, if you received and you are not the intended recipient(s), or if it is transmitted/received in error. Any unauthorised use, alteration, disclosure, distribution or review of this email is strictly prohibited. The information contained in this email, including any attachment sent with it, may be subject to a statutory duty of confidentiality if it relates to health service matters. If you are not the intended recipient(s), or if you have received this email in error, you are asked to immediately notify the sender by telephone collect on Australia +61 1800 198 175 or by return email. You should also delete this email, and any copies, from your computer system network and destroy any hard copies produced. If not an intended recipient of this email, you must not copy, distribute or take any action(s) that relies on it; any form of disclosure, modification, distribution and/or publication of this email is also prohibited. Although Queensland Health takes all reasonable steps to ensure this email does not contain malicious software, Queensland Health does not accept responsibility for the consequences if any person's computer inadvertently suffers any disruption to services, loss of information, harm or is infected with a virus, other malicious computer programme or code that may occur as a consequence of receiving this email. Unless stated otherwise, this email represents only the views of the sender and not the views of the Queensland Government. \* PLEASE READ: This email is confidential and may be privileged. It is intended for the

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Michael Carroll

To:

Oliver Knott

Cc:

Gregory Perry; Geoff Wallace

Subject:

RE: Monthly Epidiolex accountability spreadsheet for August 2017

Date: Attachments: Friday, 1 September 2017 4:38:40 PM

image001.png image002.png

image003.png image004.png image005.png

Epidiolex Spreadsheet OLD Patients 11 20 year 1 to AUGUST - Incomplete.xls Epidiolex Spreadsheet OLD Patients 1 10 year 1 to AUGUST - Incomplete.xls

Hi Oliver,

The data spreadsheets aren't entirely up to date so I have attached their current versions for your information. While there's only a small amount of work to go, these versions will, in the interim, inform on AE information to date.

Please let me know if you have any questions.

Kind regards,

### Michael Carroll

Clinical Research Manager (Neurodevelopmental Disorders)

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Lady Cilento Children's Hospital

62 Graham Street, South Brisbane QLD 4101

T: +61 7 3069 7405 M: [

E: Michael.Carroll@health.qld.gov.au

W: www.childrens.health.qld.gov.au









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From: Oliver Knott [mailto:

@gwpharm.com]

Sent: Thursday, 31 August 2017 9:01 PM

To: Michael Carroll

Cc: Gregory Perry

Subject: RE. Monthly Epidiolex accountability spreadsheet for August 2017

Thanks Michael.

From: Michael Carroll [mailto:Michael.Carroll@health.qld.gov.au]

Sent: 31 August 2017 07:56

To: Oliver Knott Cc: Gregory Perry

Subject: Monthly Epidiolex accountability spreadsheet for August 2017

Hi Oliver,

Please find attached our monthly Epidiolex accountability spreadsheet for August 2017.

The monthly data backlog is progressing however if it's not completed tomorrow I'll send you an update on AE information.

Kind regards,

### Michael Carroll

Clinical Research Manager (Neurodevelopmental Disorders)

Children's Health Queensland Hospital and Health Service Level 6 – Centre for Children's Health Research Lady Cilento Children's Hospital 62 Graham Street, South Brisbane QLD 4101

T: +61 7 3069 7405 M:

E: Michael.Carroll@health.qld.gov.au W: www.childrens.health.qld.gov.au



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\*

Michael Carroll Oliver Knott

To: Cc:

Gregory Perry

Subject:

Monthly Epidiolex accountability spreadsheet for August 2017

Date:

Thursday, 31 August 2017 4:56:08 PM

Attachments:

image001.png image002.png image003.png image004.png image005.png

Monthly Epidiolex accountability spreadsheet AUGUST 2017.xls

Hi Oliver,

Please find attached our monthly Epidiolex accountability spreadsheet for August 2017.

The monthly data backlog is progressing however if it's not completed tomorrow 1 send you an update on AE information.

Kind regards,

### Michael Carroll

Clinical Research Manager (Neurodevelopmental Disorders)

Children's Health Queensland Hospital and Health Service

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Year: 2017

Epidiolex accountability - numbers of 100ml bottles of Epidiolex

Item	January	February	March	April	May	June	July	August	September	October	November	December
Date of end-of-month stock review		28/02/2017	31/03/2017	28/04/2017	29/05/2017	29/06/2017	25/07/2017	29/08/2017				
Central Pharmacy:						6						
Stock held at start of month	0 bottles	226 bottles	196 bottles	188 bottles	172 bottles	140 bottles	100 bottles	76 bottles				
Stock received from GWP	226 battles	0 bottles	1									
Stock transferred to LCCH Pharmacy	0 bottles	30 bottles	8 bottles	16 bottles	32 bottles	40 bottles	24 bottles	76 bottles			E	
Stock held at end of month	226 bottles	196 bottles	188 bottles	172 bottles	140 bottles	100 bottles	76 bottles	0 bottles **				
LCCH Pharmacy:												
Stock held at start of month	0 bottles	0 bottles	28 bottles	25 bottles	32 bottles	43 bottles	45 bottles	31 bottles				
Stock received from Central Pharmacy	0 bottles	30 bottles	8 bottles	16 bottles	32 bottles	40 bottles	24 bottles	76 bottles				
Stock dispensed to patients	0 bottles	2 bottles	11 bottles	9 bottles	21 bottles	38 bottles	38 bottles	74 bottles				
Stock at end of month	0 bottles	28 bottles	25 bottles	32 bottles	43 bottles	45 bottles	31 bottles	33 bottles				
Stock held by Authorised Prescribers	0 bottles											
Unused product returned by participants	0 bottles				7							

\*\*Note: most patients have enough stock dispensed to lost through until end of September - more stock has been ordered (Rochelle Green)

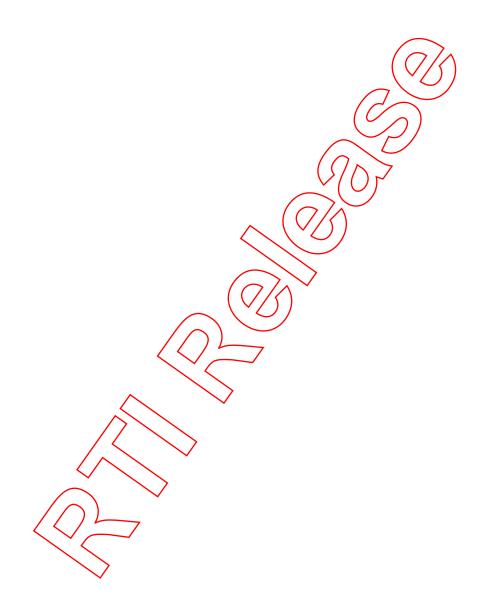
From: Gregory Perry Oliver Knott To: Michael Carroll; Rochelle Green Re: Future syringe orders for CAS Subject: Wednesday, 30 August 2017 6:33:53 AM Date: Thanks Oliver we will do that for future orders Greg Sent from my iPhone On 30 Aug 2017, at 12:57 am, Oliver Knott < @gwpharm.com wrote: Hi Greg / Michael, For future orders of syringes that you need please can you complete the attached? The other order form still needs to be completed but will by have details of the IMP order requirements. Many thanks, Oliver Oliver Knott I Clinical Project Manager <image001.jpg> Sovereign House, Vision Park, Chivels Way, Histon, Cambridge CB24 9BZ, UK | Tel:

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www.gwpharm.com

\*

<CT-GMP-229-V1 Syring Shipment Request Form (Current Version as of 24 Aug17).dotx>



From: Gregory Perry Louise Harris To: Oliver Knott Cc: Re: Epidiolex order Subject: Wednesday, 30 August 2017 6:31:17 AM Date: Yes Louise that was really fast! Thanks very much Greg Sent from my iPhone @gwpharm.com > wrote: On 29 Aug 2017, at 6:51 pm, Louise Harris Great thanks Greg! That was quick. I hope that was timely enough for yourselves as well cc. Oli - FYI only KR, Louise Harris I IPS Programme Manager G-Pharm Kent Science Park, Sittingbourne, Kent, **Upcoming 000:** UK BH - Mon 28th Aug 2017 Fri 1<sup>st</sup> Sep 2017 Wed 13th - Fri 15th Sep 2017 (inc.) Upcoming BH: 28<sup>th</sup> Aug 2017 From: Gregory Perry [mailto:Gregory.Perry@health.qld.gov.au] Sent: 29 August 2017 07:18 To: Louise Harris Subject: FW: Epidiolex order Please ignore my last email! – its arrived in greg @linkhealthcare.com.au] Sent: Tuesday, 29 August 2017 4:16 PM To: Rochelle Green Cc: Michael Carroll; Gregory Perry Subject: RE: Epidiolex order

Hi Rochelle
The product has arrived in and is being processed through customs. We hope to have delivery tomorrow.
I will confirm once goods have been delivered and released by quality.
Thanks
A CONTRACTOR OF THE CONTRACTOR
Supply Chain Manager
Link Healthcare
T ( )
W www.clinigengroup.com
www.cimigengroup.com
<image001.png></image001.png>
Registered Office: Clinigen Group plc, Pitcairn House, Crown Square Ceptrum 100 Burton-on-Trent, Staffordshire, DE14 2WW Registered In England & Wales No.08771928
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you are not the intended recipient, please delete this email and notify us promptly. We use virus scanning software but exclude all liability for viruses of similar in any attachment.
From: Rochelle Green [mailto:Rochelle Green@health.qld.gov.au]
Sent: Tuesday, 29 August 2017 3:56 PM
To: <u>@link</u> nealthcare.com.au>
Cc: Michael Carroll < Michael Carroll @health.qld.gov.au >; Gregory Perry
< <u>Gregory.Perry@health.qld.gov.au</u>
Subject: Epidiolex order
LII .
Hi
can I please check how things are progressing with the order discussed below. More specifically has the order been shipped yet?
Many thanks, Rochelle
Rochelle Green
Senior Pharmacist Neurodevelopmental Disorders and Clinical Trials
Lady Cilento Children's Hospital
501 Stanley Street South Brisbane
QLD 4101
T 0000 1010
T: 3068 1913
E: rochelle.green@health.qld.gov.au

From: Gregory Perry Sent: Thursday, 24 August 2017 8:16 AM

To:	@linkhealthcare.com.au)
Cc: @gwphar	m.com; Louise Blatchford; Graham Cook; Michael Carroll; Rochelle
Green; MCTeam	ovdov
Subject: increased of	order
Hi and all, a	at the meeting between QH and GW yesterday, it was advised
The state of the s	ase the order for Epidiolex this time up to 150 packs (300 bottles)
Apparently the impo	ort permit issued and received by GW is for this figure – because
our stocks are runni	ng low it would be good to have this stock on its way as soon as
possible.	
Louise, as requested	d I have changed the delivery address to reflect the Link
healthcare warehou	ise and have changed the contact to
· was in the same in	
Kind regards Greg	
<image002.png></image002.png>	Gregory Perry
	Director
	Medicinal Cannabis Unit
	Chief Medical Officer and Healthcale Regulation Branch
	Prevention Division, Department of Health
	p: 07 3708 5316 m:
	w: Queensland Health   &: Gregory.Perry@health.qld.gov.au
	<pre><image003.jpg> /mage004.pg&gt; /image005.jpg&gt; <image006.jpg></image006.jpg></image003.jpg></pre>
	$(O/A)^*$
	ealth vision   By 2026 Queenslanders will be among the
healthiest people	in the world.
Queensland Health a	cknowledges the traditional Owners of the land, and pays respect to
Elders past, present	
*****	***************************************
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relates to health service mat	

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Oliver Knott

To: Subject: <u>Gregory Perry</u>; <u>Michael Carroll</u> Future syringe orders for CAS

Subject: Date:

Wednesday, 30 August 2017 12:57:40 AM

Attachments:

CT-GMP-229-V1 Syring Shipment Request Form (Current Version as of 24 Aug17).dotx

Hi Greg / Michael,

For future orders of syringes that you need please can you complete the attached?

The other order form still needs to be completed but will only have details of the IMP order requirements.

Many thanks,

Oliver

Oliver Knott I Clinical Project Manager



Sovereign House, Vision Park, Chivers Way, Histon, Cambridge 28,4 9BZ, UK | Tel:

www.gwpharm.com

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Form Title: Syringe Shipment Request Form

Form No: CT-GMP-229-V1 SOP Reference: CT-DE-001

Order No:

(to be completed by Distribution Group)

SEC	TION 1: Trial	and Site de	Syringe Shipment Request Form tails:	
Stud	ly Number:		Site Number:	
Site CRA Name: Date Required:				
Inve	stigator Name:			
SEC	TION 2: Syrin	ge requirer	nent:	
	Item Code		Product Description	No. of packs  No. of packs  1 pack = 50 units)
MA0	188 & MA0161	The second of th	Oral Syringe and Bottle Adapter subject to approval by Distribution Group)	7
MAO	160	Clear 5mL	Oral Syringe & Bottle Adapter	
MA0	165	Clear 10ml	Oral Syringe & Bottle Adapter	
MA0	189	Amber 5ml	Oral Syringe & Bottle Adapter	7
MA0	208	Amber 10m	L Oral Syringe & Bottle Adapter	
SEC	TION 3: Desp	atch Detail		
Reci	pient Name:			
Site	/ Pharmacy Nai	me:		
	Building Num Street:	ber &		
:SS:	نِيَ Town/City:			
Address:	State/Province	e/County:		
ď	Postcode/Zip	code:	$\sim$	
	Country:			
Tel:		/		
Ema	ill:			
SEC	CTION 4: Requ	estor Deta	ls y	
Prin	ted Name:	~~		
Sigr	nature:		Date:	
Note	es:			
SEC	CTION 5: Ship	ment Detail	s (to be completed by Distribution Group)	
Pro	cessed By (nan	ne):	Shipment Date:	
Sigr	nature:		Courier Reference Number:	
			Email to:	@g-pharm.com

From: To: Rochelle Green Gregory Perry

Subject:

RE: CBD for aDravet"s patient

Date:

Tuesday, 29 August 2017 9:32:13 AM

Thanks Greg!

### Rochelle Green

Senior Pharmacist - Neurodevelopmental Disorders and Clinical Trials

Lady Cilento Children's Hospital 501 Stanley Street South Brisbane QLD 4101

T: 3068 1913

E: rochelle.green@health.qld.gov.au

From: Gregory Perry

Sent: Tuesday, 29 August 2017 8:44 AM

To: Rochelle Green

Subject: RE: CBD for aDravet's patient

contacted me to ask how we could access stock and what paperwork was required to prescribe CBD in a patient with Dravet's for seizure control.

is already an Approved prescriber through the TGA and as this is for seizures we would be using the approved prescriber pathway.

The approved prescriber status with the TGA relates only to Epidiolex under the protocol for the CAS. So any other product would need to be through a SAS B application to TGA — will have a patient class prescriber status in Qld so will not requires a Qld approval from the DG only notification to the DG within 7 days of commencing.

I'm assuming we won't be able to get GW product for this so was considering Tilray CBD 100mg/mL liquid. My understanding is that would just need a SAS Cat B form to access a Tilray product. Can I just check that I'm on the right track were and not telling the poor doctor the wrong thing??

That's right Epidiolex is not yet available outside the trial. Yes will be SAS Cat B application - form attached — Also form for PCP in QLD form attached

Also have a look at this site to see what is available https://cannabisaccess.com.au/home

Cannabidiol (CBD) 100 mg per mL in a Purified Formulation of Cannabis Extract delivered as an Oral Solution. Active Ingredient Purity: >98% Purified Oral Solution. Products: active ingredients in different THC and CBD strengths/ratios, shown in mg/mL. Format: 25 mL bottle with 1 mL dropper cap dispenser Formulation: Liquid oil. Excipients: Grapeseed oil. Product classification specifications: Active Ingredient Purity = >98% Minor Cannabinoid Presence = <1.0% Other = <0.15% each, <1.0% total. Packaging and Storage Information: Package Size = 11.5cm  $\times$  3.4cm Package Weight = 30 g. Storage Conditions =  $+2^{\circ}$  to  $+8^{\circ}$  C Expiry = 12 months. Indications & Usage: Use as prescribed.

Greg

From: Rochelle Green

Sent: Monday, 28 August 2017 4:46 PM

To: Gregory Perry

Subject: CBD for aDravet's patient

Hi Greg, hope you had a great weekend. Andrew Hallahan may have already contacted you about this (sorry if I'm repeating the same questions!). contacted me to ask how we could access stock and what paperwork was required to prescribe CBD in a patient with Dravet's for seizure control. is already an Approved prescriber through the TGA and as this is for seizures we would be using the approved prescriber pathway. I'm assuming we wont be able to get GW product for this so was considering Tilray CBD 100mg/mL liquid. My understanding is that would just need a SAS Cat B form to access a Tilray product. Can I just check that I'm on the right track here and not telling the poor doctor the wrong thing?? Thanks! Rochelle Rochelle Green Senior Pharmacist - Neurodevelopmental Disorders and Clinical Trials Lady Cilento Children's Hospital 501 Stanley Street South Brisbane QLD 4101 T: 3068 1913 E: rochelle.green@health.gld.gov.au



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· Assess the application.

or medical practitioner registration.	oner may be disclosed to State and Territory authorities with responsibility for therapeutic goods
Patient details (minimum of 3 (three) identification Patient's initials	iers required)
MRN (if applicable)	Gender _
Diagnosis	Previous 8AS Np. (if applicable)
Clinical justification for use of product. For example - Include seriousness of condition, details of previous treatment	
Product details Attach efficacy and monitoring. Note: B	safety data to support proposed use of the product and details of intended excess marked with an * must be completed for devices.
Active ingredient	Trade name/device name*
Company/supplier*	Route of administration
Dose form & strength (e.g. 500mg tablet)	Proposed treatment duration
Dose & frequency* (e.g. 1 tds)	>
Intended date of use*	Proposed quantity*
Prescriber details	
Name	Pharmacy fax
Hospital/department	OR Doctor fax
Postal address	Phone
	Email
Please note that the giving of false or mislead	ding information is an offence under Criminal Code Act 1995 and that penalties may
Prescriber signature	Date

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TGA Health Safety Regulation



# Queensland Health Public Health (Medicinal Cannabis) Regulation 2017 Notice of Patient Commencement (Patient-Class Prescriber)

The Department of Health provides this form so that you may notify the Chief Executive as required under the *Public Health (Medicinal Cannabis) Regulation 2017* that a particular eligible patient's treatment with medicinal cannabis has commenced. **Notifications are to be made within 7 days of commencement.** 

Full Name:				AHPRA	Registration Number:
SECTION 2: PATI	ENT DETAILS				
Full Name:				Date of	Birth: DD/MM/YYYY
Residential addres	s:				
Date medicinal car	nabis comme	nced: DD/M	IM/YYYY		
SECTION 3 - MED	DICINAL CAN	NABIS PRO	DUCTS edicinal cannabis	products:	
Product Name	THC (%)	CBD (%)	Dosage regimen/ mg /day (e.g. 250mg bd)	Form (e/g. oil, bud, capsules)	Route of administration
1.					
2.					
3.					
Notifications must	be forwarded b	py POST or	FAX to:		
Chief Executive Medicinal Cannab Locked Bag 21 FORTITUDE VALI Fax: (07) 3328 982	EY BC 4006	7			

PHMCR/127/1 Page 1 of 1



# Queensland Health

# Notification as a Patientclass Prescriber (PCP)

If completing the form by hand please use BLOCK LETTERS and ensure that details are legible.

1. Name (first	name and family name)				
Name of pract	ice				
Address					
Suburb/Town	Post code			7/0	
(This address r	nust be where you undertake t	he activity from)			
Telephone:	Fax:	Email:			
Please tick you	ir preferred contact method:	Telephone	Fax	☐ Email	
AHPRA registra	ation number	PBS preso	criber number		
AHPRA registe	red specialty		(7/5)		
2. As a PCP I w	ill be prescribing for the follow	ing class of patients			
	Persons experiencing chemot	therapy induced nag	sea or vomiting		
	Terminally ill persons being treated by a compliant palliative medicine specialist for symptoms associated with terminal illness				
	Children with intractable (dru	ig resistant) epilepsy			
	Persons with multiple seleros	sis experiencing spas	ticity		
	hat if the medical condition/sy er the PCP pathway)	motoms are differen	nt to the classes abo	ve then you are not able t	
3. As a PCP I w	vill be prescribing the following	product to the class	of patient above:		
	Cannabidiol product (CBD alc	one)			
	1:1 combination of delta-9-te	etrahydrocannabinol	(THC) and CBD		
	Other combination THC/CBD	product (please spe	cify	)	
	THC only product				
Product manu	facturer / wholesaler			2	
4. Therapeutic	Goods Administration Approv	al			
	I am an Authorised Prescribe	r under the TGA			
	I am applying to become an A	Authorised Prescribe	r under the TGA		



## Queensland Health

# Notification as a Patientclass Prescriber (PCP)

	I will use the Special Access Scheme, Category B, for my patients
	Authorised Prescriber please provide details of the Ethics Committee that has approved the use of the
	e: The Ethics committee must be a Human Research Ethics Committee that has been constituted in
	ith NHMRC Ethics Committee guidelines. The letter of approval should be attached to this application, as soon as possible)
Name of Com	mittee:
HREC Approv	al Number:
Product(s) ap	proved:
Indication:	
Site:	
Any condition	is:
AL ELLIS HOLLIS	
Expiry date of	approval
Trial number	(if appropriate)
5. Will you be	engaging an agent (e.g. a pharmacist) to import/obtain product of your behalf?
	NO – Go to Question 6
	YES - specify the agent
6. Will you be	engaging an agent to transport the product(s) on your behalf?
	NO – Go to Question 7
	YES – please specify
7. Will you be	dispensing the product from your practice?
	NO – Go to Question 8
	YES –please complete a Medicinal Cannabis Management Plan and attach
8. Do you hav	e a specific pharmacy that will be dispensing product(s) on your prescription?
	NO – patient will choose their own pharmacy (please provide details below)
	YES – please provide details below
Pharmacy Nai	me:
Name of Phar	macist:



Queensland Health

# Notification as a Patientclass Prescriber (PCP)

Pharm	acy Address:			
Conta	ct details: Phone	Fax	Email	
Decla	ration:			
			other disciplinary actions impose	
	가 그렇게 나는 아이를 하는데 하는데 되었다. 하는데 살아서 하는데 하는데 하다.		alian Health Practitioner Regulation	
			ently or pending, that prohibit of r	estrict my ability to treat any
perso	n with any controlled drug	g (schedule 8).	( \	(2))
I confi	rm that the information I	have provided in this a	pplication is true and complete to	the best of my knowledge.
Signe	i:		Date:	
Privac	y Statement:		$\sim$	
			(O)	
			the purpose of this application w	
	: [# - 100] [M. S.		persons in accordance with the Pu	
			required to report further persor	nal information relating to the
patier	its' response to treatment	t to Queensland Health	(0/0)	
Quee	nsland Health may be requ	uired to make enquirie	s of, and exchange personal inforr	mation with, other State,
			tters relevant to this application.	
disclo	se any personal informati	on provided with this a	pplication and supporting docum	ents to any other third parties
witho	ut your consent unless re	quired or authorised by	law.	
<b>T</b> I 1	f	20 (214)	/	of narranal information by
	기타이 많이 있어야 하는 사람들은 사람이 나를 보면 없었다.		les for the collection and handling	
			nsland Health protects your perso tion, please see our website at <u>wv</u>	
about	your right to access your	own personal Miorma	ion, piease see our website at <u>wv</u>	vw.neaitn.qiu.gov.au
	$\sim$			
Attac	hments – please specify			
_			10 Land	
	Human Research Ethics	Committee-Letter of	pproval	
	Medicinal Cannabis Ma	nagement Plan		
27.7				

Michael Carroll
Victoria Chalmers

To: Cc:

Geoff Wallace; Gregory Perry

Subject:

13HEALTH script change for the Compassionate Access Scheme

Date:

Friday, 25 August 2017 1:59:37 PM

Attachments:

image001.png image002.png image003.png image004.png image005.png

### Hi Victoria,

I work at the Centre for Children's Health Research and provide support to the Medicinal Cannabis Compassionate Access Scheme for children with severe refractory epilepsy. I was originally sending this message to Shelley Peardon but have since been redirected to you.

Our scheme commenced at the end of last year and 13HEALTH was the initial avenue for parents to express interest on behalf of their children. The scheme has now progressed to a point where some scripting provided to 13HEALTH is out of date, and parents no longer need to express interest via this avenue. We'd now like our 13HEALTH message to be updated to:

Information about the Medicinal Cannabis Compassion at Access Scheme for children with severe refractory epilepsy can be obtained by calling the Clinical Research Manager (Neurodevelopmental Disorders), Centre for Children's Health Research, Lady Cilento Children's Hospital, on 07 3069 7405.

I've CCed into this message Dr Geoff Wallace (the Lead Investigator on the scheme) and Greg Perry (Director of the Medicinal Cannabis Unit). We've not familiar with the scripting process so please let me know what other information or authorisations are required to make the update.

Kind regards,

### Michael Carroll

Clinical Research Manager (Neurodevelopmental Disorders)

Children's Health Queensland Hospital and Health Service

Level 6 - Centre for Children's Health Research

Lady Cilento Children's Hospital

62 Graham Street, South Brisbane OLD 4301

T: 07 3069 7405 M/

E: Michael.Carroll@health.qld.gov.au

W: www.childreps.health.gld.gov.au





Children's Health Queensland

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Queensland Health acknowledges the Traditional Owners of the land, and pays respect to Elders past, present and future.

Michael Carroll

To:

Geoff Wallace; Honey Heussler; Andrew Hallahan; Gregory Perry; Rochelle Green; Sonya Stacey; Helen

Irving; Melissa Fox; John Pearn @uq.edu.au> @uq.edu.au)

Cc:

Emily Milburn; John Pearn

Subject:

Neurodevelopmental Disorders Steering Committee meeting minutes - 23/08/2017

Date: Friday, 25 August 2017 11:51:22 AM

Attachments:

image001.png image002.png image003.png image004.png image005.png

ND Steering Committee Meeting Minutes #16 - 23.08.17.pdf CCTRND Steering Committee Terms of Reference V1 25082017.doc

Hi everyone,

Attached are the minutes from Wednesday's Neurodevelopmental Disorder Steering Committee meeting.

Also attached is a draft Terms of Reference which relates to re-aligning the committee from the CAS to our broader research centre. Let me know if you have any feedback and, as discussed at Wednesday's meeting, also consider whether current membership requires any change. Note that text in red font in that draft are items I'm seeking confirmation on Please provide feedback by COB Friday September 7, after which a new draft will be produced.

Kind regards,

### Michael Carroll

Clinical Research Manager (Neurodevelopmental Disorders)

Children's Health Queensland Hospital and Health Service

Level 6 - Centre for Children's Health Research

Lady Cilento Children's Hospital

62 Graham Street, South Brisbane QLD 4101

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