

**External Stakeholder Consultation**

**Model Standards for Pharmacy Compounding of Non-hazardous Sterile Products**

**Instructions**

Thank you for providing your feedback on the draft Model Standards for Pharmacy Compounding of Non-hazardous Sterile Products. To facilitate the collation of feedback, please use the electronic Word template below. The table is divided into 4 columns.

Column 1: Indicate which section, subsection or appendix of the document for which you are providing comments.

Column 2: Due to some sections carrying over multiple pages, please indicate the page number for ease of reference.

Column 3: Indicate the text for which you are provided suggested changes and include new or amended text.

Column 4: Indicate the reason for your suggested changes (e.g. scientific journal, published guidelines etc.). Please keep your explanations as brief as possible.

*Note: please add more lines to the comments table as required.*

**Example:**

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| --- | --- | --- | --- |
| **Section, Subsection or Appendix** | **Page #** | **Comment (provide current and new text when applicable)** | **Rationale** |
| 6.5.1 Conditions thatmay affect preparations quality | 48 | A list of conditions that may affect preparations quality is provided however, the addition of casts or other splint devices that inhibit proper hand hygiene should be added to the list. | The following reference supports this statement… |

At the conclusion of this document, there is a section for “General Comments” – this does not pertain to a specific section but is for overall comments on the document.

**PLEASE RETURN COMMENTS TO** **leslie.ainslie@pharmacists.ab.ca** **NO LATER THAN October 5, 2014**

**NOTE: Comments received prior to September 5, 2014 will inform ACP in responding to NAPRA’s national consultation**

**Stakeholder Comments**

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| **Section, Subsection or Appendix** | **Page #** | **Comment (provide current and new text when applicable)** | **Rationale** |
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| **General Comments** |
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| **Comments submitted by:** |
| **Name of individual** |  |
| **Name of organization** |  |
| **Date** |  |