

MEDICAL STAFF TRAINING PROGRAMME
Lumbar puncture and administration of intrathecal therapy

INTRATHECAL CHEMOTHERAPY

ONLY TO BE SIGNED WHEN COMPETENT

| PROCEDURE | SUPERVISOR | SIGNATURE of TRAINER | DATE |
|-----------|--------------------------------|----------------------|------|
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| NTN | NAME OF TRAINEE (print please) | | |

I - _____ (TRAINEE SIGNATURE) _____ (grade) _____

(date) have received appropriate training and education and have been seen to have achieved the required level of proficiency to safely perform the administration of intrathecal chemotherapy.

I - _____ (CONSULTANT SIGNATURE) _____ (date) have supervised the

above named doctor and consider them to have achieved the required level of proficiency to safely perform the administration of intrathecal chemotherapy.

MEDICAL STAFF RE- REGISTRATION PROGRAMME
Lumbar puncture and administration of intrathecal therapy

INTRATHECAL CHEMOTHERAPY

ONLY TO BE SIGNED WHEN COMPETENT

| PROCEDURE | SUPERVISOR | SIGNATURE of TRAINER | DATE |
|-----------|---|----------------------|------|
| 1 | | | |
| 2 | | | |
| NTN | NAME OF Medic re-registering (print please) | | |

I - _____ (SIGNATURE) _____ (grade) _____ (date) have received appropriate update and have been seen to have achieved the required level of proficiency to safely perform the administration of intrathecal chemotherapy.

I - _____ (CONSULTANT SIGNATURE) _____ (date) have supervised the above named doctor and consider them to have maintained the required level of proficiency to safely perform the administration of intrathecal chemotherapy.

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