



The request to inactivate text in the Adverse Reaction/Clinical Condition was initiated by:

Patient       Patient's Representative (specify name and relationship to patient) \_\_\_\_\_

Doctor \_\_\_\_\_

Pharmacist       Other (specify) \_\_\_\_\_

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The identity of the request initiator was verified by:

BC Services Card

Driver's License       Other (specify) \_\_\_\_\_

**PATIENT INFORMATION**

Patient Last Name	Patient First Name	Personal Health Number
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**PHARMACY INFORMATION**

Pharmacy Name	PharmaCare Code	Phone Number
Pharmacist Name	Registration Number	

**PHARMANET PROFILE CHANGE**

Text to be Inactivated

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Justification for Inactivation

**PHARMACIST SIGNATURE**

Pharmacist Signature	Date Signed
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**Fax this form to the PharmaNet Data Quality Services Team at 250 953-0486**

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