FluSNIFF Trial – Patient Specific Direction (PSD) Proforma

Trial: FluSNIFF-toddler (REC Ref: 25/LO/0534; IRAS ID: 1012411)

Participant ID: _____

Child's Initials & DOB: _____

Prescriber Instruction (Patient Specific Direction):

I authorise the administration of ONE intranasal dose (0.2 ml total; 0.1 ml per nostril) of either:

• Fluenz (Live Attenuated Influenza Vaccine, LAIV) OR

• Placebo (0.9% sodium chloride solution, 0.2 ml intranasally)

to be given in accordance with the FluSNIFF trial protocol.

All participants will receive both Fluenz and placebo during the study (crossover design).

Prescriber Details:

Name (print):	_____
Role:	_____
Signature:	_____
Date:	_____

For Site Use Only (after Day 60) – _____ (insert d60 date)

☐ PSD uploaded to child's electronic health record (EHR)

☐ Vaccine administration date entered into EHR

☐ CHIS notified (via usual process)

Staff initials/date: _____