

PLEASE FAX COMPLETED FORM TO YOUR HOSPITAL TRANSFUSION UNIT AS FOLLOWS:

**RAH: Fax (08) 8222 3076 FMC: Fax (08) 8204 3191 CYWHS: Fax (08) 8161 6043 TQEH: Fax (08) 8222 6685 LMH: Fax (08) 8252 0799
Other Hospitals: fax (08 8112 1313) or phone if urgent (08) 8422 1222 or after hours (08) 8223 6090 (for new patient approval)**

<p>MUST BE COMPLETED</p> <p>PATIENT Weight = _____ kg Height = _____ cm</p> <p>DELIVERY INSTRUCTIONS HOSPITAL / LABORATORY RECEIVING IVIg</p> <p>_____</p> <p>PH (0) _____ FAX (0) _____</p>	<p>PATIENT DETAILS OR AFFIX HOSPITAL LABEL</p> <p>SURNAME _____</p> <p>FORENAME _____ SEX <input type="checkbox"/> M <input type="checkbox"/> F</p> <p>UR _____ DOB / /</p> <p>HOSPITAL _____</p>
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Renal Physician/Nephrologist _____	Contact details _____
Requesting Medical Officer Name _____	Signature _____
Phone (0) _____ Pager/Mobile _____	Fax (0) _____

Please indicate diagnosis and provide additional information as per *Criteria for the Clinical Use of Intravenous Immunoglobulin (IVIg) in Australia* (www.nba.gov.au)

Diagnosis _____ **Transplant date** / / 20

Pre-Transplant: **ABO incompatible** **Highly Sensitised (HLA)**

Post-Transplant: **Antibody Mediated Rejection** **Steroid resistant**

BK Virus **CMV** **Other:** _____

Biopsy results: _____ Attached Yes No

Concurrent Therapy

Plasma exchange Number of planned exchanges _____ Dates _____

Volume of each exchange _____ L Albumex FFP Mix If 'Mix', please state ratio _____ Blood Group _____

Immunosuppression _____

OTHER CLINICAL DETAILS

Previous IVIg Yes No Please indicate date / / and response _____

TOTAL DOSE REQUIRED _____ g **OR** number of doses planned _____ Dose/kg _____

FREQUENCY _____ **Date Required** / / 20

BLOOD SERVICE AUTHORISATION (BLOOD SERVICE USE ONLY)

Approved Yes No **Referred to JDO/ IVIg User Group for review** **Not Approved**

Qualifying Criteria Met Not met Review date / / 20

Product _____ Dose _____ g Frequency _____

Blood Service Delegate _____ Designation (MO/TN/Other) _____

Any personal information in this facsimile must be handled in accordance with the provisions of the *Privacy Act 1988 [Cth]*. The information contained in the facsimile may be confidential. If the person receiving it is not the intended recipient they should immediately advise the Blood Service by facsimile or telephone response to the Blood Service sender and then deal with the facsimile as directed by the Blood Service. The views expressed in this facsimile are those of the individual sender unless otherwise stated to be the views of the Blood Service. No warranties are intended as to the contents of this facsimile.