

# NORMAL HUMAN IMMUNOGLOBULIN (NHlg) Order Form

## POST-EXPOSURE PROPHYLAXIS FOR PUBLIC HEALTH DISEASE CONTROL

**IMPORTANT NOTE:** the purpose of this form is for physicians to request the supply of NHlg for the treatment of susceptible contacts of hepatitis A, measles, poliomyelitis and rubella, on the advice of a Public Health Unit (PHU) or Infectious Disease Consultant (IDC) and in accordance with the National NHlg Policy. More information is available [here](#).

**Completed forms are to be emailed/faxed to the relevant contact at the bottom of this page. Urgent requests must be accompanied by a phone call. All fields must be completed; incomplete forms will delay processing.**

### SECTION A

**State/Territory:**

**Condition:**    hepatitis A            measles            poliomyelitis            rubella

#### PHU/IDC DETAILS

(Details of PHU or IDC that provided advice in relation to this request)

Name of PHU official/IDC:

Name of PHU/hospital:

Phone:

Email:

#### TREATING PHYSICIAN DETAILS

Physician name:

Practice/hospital name:

Phone:

Fax:

Email:

#### PRODUCT DETAILS

(Please indicate the number of each vial size required)

2ml vial (36200102):

5ml vial (36200105):

Total required (mL):

Date and time required:

Number of patients being treated:

#### DELIVERY ADDRESS

Street:

Suburb:

State/Territory:

Postcode:

Delivery instructions:

### SECTION B - COMPLETE ONLY IF THIS IS YOUR FIRST TIME ORDERING NHlg

Treating physician AHPRA registration number:

Provider number:

Hospital provider number (if applicable):

Confirm you are able to safely administer the product:

Yes    No

Confirm you will record the product batch number:

Yes    No

Confirm that your facility has the capability to safely store the product/vaccine:

Yes    No

#### PRIVACY NOTIFICATION

The information collected in this section is to enable the Australian Red Cross Lifeblood (Lifeblood) to complete the checklist for the initial supply of blood and blood products. The completed checklist is then provided to the National Blood Authority (NBA), which is an Australian Government agency responsible for the supply of blood and blood products in Australia. The NBA collects this information to determine your initial eligibility to receive blood and blood products. Without this information the NBA cannot assess your application. Your local state or territory health department may also receive information about your request to supply blood products, including for consultation and reporting purposes. Lifeblood and the NBA maintain comprehensive privacy policies which set out how you can access your personal information, and how you can complain about a breach of the *Privacy Act 1988* (Cth). For further information see the [Lifeblood privacy policy](#) or the [NBA privacy policy](#). Please note this form is not provided to the NBA.

Once completed, email or fax this form to the relevant Lifeblood contact in your state or territory:

STATE	EMAIL	FAX	<b>FOR URGENT REQUESTS:</b> call the relevant number <b>after</b> form has been submitted
<b>ACT</b>	<a href="mailto:BloodNetACT@redcrossblood.org.au">BloodNetACT@redcrossblood.org.au</a>	02 6206 6029	02 6206 6024 (after hours 0411 095 344)
<b>NSW</b>	<a href="mailto:BloodNetNSW@redcrossblood.org.au">BloodNetNSW@redcrossblood.org.au</a>	02 9234 2050	1300 478 348 (24 hours)
<b>NT</b>	<a href="mailto:BloodNetNorthernTerritory@redcrossblood.org.au">BloodNetNorthernTerritory@redcrossblood.org.au</a>	08 8927 5461	08 8928 5116 (after hours 0411 758 025)
<b>QLD</b>	<a href="mailto:BloodNetkelvingrove@redcrossblood.org.au">BloodNetkelvingrove@redcrossblood.org.au</a>	07 3838 9400	07 3838 9010 (24 hours)
<b>SA</b>	<a href="mailto:BloodNetSouthAustralia@redcrossblood.org.au">BloodNetSouthAustralia@redcrossblood.org.au</a>	08 8225 8199	1300 136 013 (24 hours) or 0400 880 409
<b>TAS</b>	<a href="mailto:BloodNetTasmania@redcrossblood.org.au">BloodNetTasmania@redcrossblood.org.au</a>	03 6215 4197	03 6215 4122 (after hours 0419 517 249)
<b>VIC</b>	<a href="mailto:BloodNetVictoria@redcrossblood.org.au">BloodNetVictoria@redcrossblood.org.au</a>	03 9694 0245	03 9694 0200 (24 hours)
<b>WA</b>	<a href="mailto:BloodNetWA@redcrossblood.org.au">BloodNetWA@redcrossblood.org.au</a>	08 9221 1215	08 9325 3030 (24 hours)

### SECTION C - LIFEblood USE ONLY

Date and time received:

Requested for approved condition:            Yes    No

Date and time confirmation sent:

Appropriate direction given (by PHU/IDC):    Yes    No

Date and time order processed: