NORMAL HUMAN IMMUNOGLOBULIN (NHIg)

Order Form

PUBLIC HEALTH DISEASE
POST-EXPOSURE PROPHYLAXIS

IMPORTANT NOTE: The purpose of this form is for Public Health Officials/Physicians, Infectious Disease Consultants/Physicians within hospitals, Centre for Disease Control Officials and General Practitioners on advice from PHU Officials to request the supply of NHIg for the treatment of susceptible contacts of hepatitis A, measles, poliomyelitis and rubella, in accordance with the national NHIg policy. More information about the national NHIg policy is available at http:/blood.gov.au/NHIg.

All fields must be completed and forms are to be emailed/faxed to relevant contact at the bottom of this page. Please note, incomplete forms will delay processing.

Tip: To move to the next field click TAB on your keyboard.

State/Territory:

Condition: ☐ hepatitis A ☐ measles ☐ poliomyelitis ☐ rubella ☐ in-hospital stock (only where approved)

PUBLIC HEALTH UNIT (PHU)/ INFECTIOUS DISEASE CONSULTANT (IDC) DETAILS
(Details of PHU that provided advice in relation to this request)

Name of PHU/IDC:

Name of Physician:

Phone:

Email:

PRODUCT DETAILS (Please indicate the number of each vial size required)

2ml vial (36200102):

5ml vial (36200105):

Total mls required:

Date and time required:

Number of patients being treated:

TREATING DOCTOR AND PRACTICE/ APPROVED HOSPITAL DETAILS

Doctor name:

Practice/Hospital Name:

Phone: Fax:

Email:

Hospital Provider Number:

Or

Doctor Provider Number:

DELIVERY ADDRESS

Street:

Suburb:

State/Territory:

Postcode:

Delivery instructions:

LIFEBLOOD USE ONLY

Date and time received:

Date and time order was processed:

Reviewed and compliant with the policy: ☐ Yes ☐ No

Date and time confirmation sent:

Once complete please email (or fax if email not available) to the Australian Red Cross Lifeblood (Lifeblood)

STATE	EMAIL TO:	FAX TO:	FOR URGENT REQUESTS: Call the relevant number below after form has been submitted
ACT	BloodNetACT@redcrossblood.org.au	02 6206 6029	02 6206 6024 (24 hours)
NSW	BloodNetNSW@redcrossblood.org.au	02 9234 2050 or 02 9690 0360	1300 478 348 (24 hours)
NT	BloodNetNorthernTerritory@redcrossblood.org.au	08 8927 5461	08 8928 5116 (After hours: 0411 758 025)
QLD	BloodNetkelvingrove@redcrossblood.org.au	07 3838 9400	07 3838 9010 (After hours: 07 3838 9010)
SA	BloodNetSouthAustraliasa@redcrossblood.org.au	08 8225 8199	1300 136 013 (24 hours)
TAS	BloodNetTasmania@redcrossblood.org.au	03 6215 4197	03 6215 4122 (After hours: 0419 517 249)
VIC	BloodNetVictoria@redcrossblood.org.au	03 9694 0245	03 9694 0200 (24 hours)
WA	BloodNetWA@redcrossblood.org.au	08 9221 1215	08 9325 3030

This fax message and any attached files may contain information that is confidential including health information intended only for use by the individual or entity to whom they are addressed. If you are not the intended recipient or the person responsible for delivering the message to the intended recipient, be advised that you have received this message in error. To protect the privacy of individuals in this form you should notify the sender immediately and shred the fax.