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 (only ACT, SA, VIC and QLD) 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](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.

<table>
<thead>
<tr>
<th>State/Territory:</th>
<th>☐ hepatitis A</th>
<th>☐ measles</th>
<th>☐ poliomyelitis</th>
<th>☐ rubella</th>
<th>☐ in-hospital stock (only where approved)</th>
</tr>
</thead>
</table>

**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: 
- Recipient CSL Behring No: 
- Doctor Provider Number: 

**DELIVERY ADDRESS**

- Street: 
- Suburb: 
- State/Territory: 
- Postcode: 
- Delivery instructions:

**OFFICE USE ONLY (BLOOD SERVICE)**

Date and time received: 
Date and time order was processed: 
Reviewed and compliant with the policy: ☐ Yes ☐ No 
Date and time confirmation sent: 
This order was received by: ☐ Fax ☐ Email 
CSL Behring Order Number: 

**OFFICE USE ONLY (CSL BEHRING)**

Date and time received: 
Date and time order was processed: 
This order was received by: ☐ Fax ☐ Email 

---

**STATE** | **FORM RECIPIENT** | **EMAIL TO:** | **FAX TO:** | **FOR URGENT REQUESTS:**
---|---|---|---|
ACT | Blood Service | BloodNetACT@redcrossblood.org.au | 02 6206 6029 | 02 6206 6024 (24 hours) |
NSW | Blood Service | BloodNetNSW@redcrossblood.org.au | 02 9234 2050 or 02 9690 0360 | 1300 478 348 (24 hours) |
NT | Blood Service | BloodNetNorthernTerritory@redcrossblood.org.au | 08 8927 5461 | 08 8928 5116 (After hours: 0411 758 025) |
QLD | CSL Behring | nsg-vf@cslbehring.com.au | 03 9246 5342 | 1800 063 892 (24 hours) |
SA | Blood Service | BloodNetSouthaustraliasa@redcrossblood.org.au | 08 8422 1302 | 08 8233 6900 (24 hours) |
TAS | Blood Service | BloodNetTasmania@redcrossblood.org.au | 03 6230 6298 | 03 6230 6209 (After hours: 0419 517 249) |
VIC | Blood Service | BloodNetVic@redcrossblood.org.au | 03 9694 0245 | 03 9694 0200 (24 hours) |
WA | CSL Behring | nsg-vf@cslbehring.com.au | 03 9246 5342 | 1800 063 892 (24 hours) |

---

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.

Form ID – NBA–W–301007  
Effective from July 2017  
Uncontrolled version when printed  
Page 1 of 1