

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 NHlg for the treatment of susceptible contacts of hepatitis A, measles, poliomyelitis and rubella, in accordance with the national NHlg policy. More information about the national NHlg policy is available at <http://blood.gov.au/NHlg>. 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:

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 sent to CSL Behring:

This order was received by:

Fax

Email

N/A OR

Reviewed and compliant with the policy: Yes No

Date and time order was processed:

N/A

Date and time confirmation sent:

OFFICE USE ONLY (CSL BEHRING)

Date and time received:

This order was received by:

Fax

Email

Date and time order was processed:

CSL Behring Order Number:

Once complete please email (or fax if email not available) to the Australian Red Cross Blood Service (Blood Service) or CSL Behring for processing using the relevant contact details below

| STATE | FORM RECIPIENT | EMAIL TO: | FAX TO: | FOR URGENT REQUESTS: Call the relevant number below <u>after</u> form has been emailed/faxed |
|-------|----------------|--|------------------------------|--|
| 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 | nig-vf@cslbehring.com.au | 03 9246 5342 | 1800 063 892 (24 hours) |
| SA | Blood Service | BloodNetsouthaustraliasa@redcrossblood.org.au | 08 8422 1302 | 08 8223 6090 (24 hours) |
| TAS | Blood Service | BloodNettasmania@redcrossblood.org.au | 03 6230 6298 | 03 6230 6209 (After hours: 0419 517 249) |
| VIC | Blood Service | BloodNetVictoria@redcrossblood.org.au | 03 9694 0245 | 03 9694 0200 (24 hours) |
| WA | CSL Behring | nig-vf@cslbehring.com.au | 03 9246 5342 | 1800 063 892 (24 hours) |