

- This form provides a mechanism for obtaining approval to commence a patient on a course of Immunoglobulin. Approval is provided for a defined course of treatment.
- If the product is required in an emergency situation, then authorisation may be obtained by contacting the NZBS Medical Officer On Call; contact details can be obtained via the Blood Bank.

Patient Details									
Family Name: Given Name: NHI: Date of Birth:			Date of Rec Weight (Kg) Height (cm) Blood Group						
Clinician Details									
Consultant: Contact Name:				Hospital: Pager:					
Clinical Diagnosi	is								
Brief description of diagnosis, specific indication for use, whether it meets NBA guidelines, and comorbidities. <i>(see over)</i>	; 								
Treatment									
Brief description of treatment including use of steroids, other immune- suppressants and plasma exchange									
Proposed Protoc	ol; ind	dicate dose	and dose f	requency					
ntravenous Ig		al Dose: ntenance se:		Frequency:		[Ouration:		
		al Dose:			1				
Subcutaneous Ig	Maintenance Dose:			Frequency:	requency:		Duration:		
To Be Completed	l by N	ZBS							
Approved Circle one	TMS giving approval:		Referred for review	Approved Circle one		Blood Bank informed by:		Entry to eTraceline by:	
YES / NO					NO				
IntragamP®		Privigen [®]		proved product Privig	Privigen [®] NZ		Gamunex [®] 10% IVIg		

Hizentra[®] NZ

Hizentra[®]

111F07505

10g 100mL

Evogam®



INSTRUCTIONS

- 1. Complete form and forward to Blood Bank. The form can be faxed to the Blood Bank and the original sent later. Call Blood Bank if there are any queries.
- 2. The request will be reviewed and may take up to 24 hours. Following approval, a protocol will be placed into the patient record in the Blood Management System). If not approved the consultant will be notified as soon as possible.
- 3. A copy of the completed form will be forwarded to the requesting consultant for filing in the patient's notes. The original completed form will be filed in the Blood Bank.
- 4. Once approved the immunoglobulin product can be ordered using <u>'Request for Blood Bank Tests</u> <u>& Blood Components or Products'</u> form per the approved protocol.

INDICATIONS FOR THE USE OF IMMUNOGLOBULIN

Immunoglobulin therapy is used in the treatment of a variety of clinical disorders. Currently there are no agreed national guidelines for its use in New Zealand.

Useful sources of information are:

- 1. NZBS Ig Hub https://www.nzblood.co.nz/healthcare-professionals/immunoglobulin-ig-hub/
- 2. The National Blood Authority Australia (NBA): *Criteria for the Clinical Use of Intravenous Immunoglobulin (IVIg) in Australia* (August 2012) <u>http://www.blood.gov.au/pubs/ivig/qrg/</u>
- 3. The New Zealand Blood Service resource website: https://www.clinicaldata.nzblood.co.nz/resourcefolder/selectdhb.php

NZBS Transfusion Medicine Specialists are available to discuss any questions or concerns that you have in relation to these products or their use. Advice is available on a 24-hour basis. Contact details can be obtained from the Blood Bank.