

NORMAL HUMAN IMMUNOGLOBULIN (NHlg) Order Form

POST-EXPOSURE PROPHYLAXIS FOR PUBLIC HEALTH DISEASE CONTROL

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 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 [here](#).

Please note: all fields must be completed; incomplete forms will delay processing. Completed forms are to be emailed/faxed to the relevant contact at the bottom of this page.

Tip: to move to the next field, press TAB on your keyboard.

State/Territory: in-hospital stock (only where approved)

Condition: hepatitis A measles poliomyelitis rubella

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 required (mL):

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:

COMPLETE THIS SECTION IF FIRST TIME NHIG ORDER ONLY:

AHPRA registration:

Provide confirmation you are able to safely administer the product: Yes No

Provide confirmation you will record the product batch number: Yes No

Provide confirmation you have the capability to safely store the product/vaccine: Yes No

PRIVACY NOTIFICATION

The information collected in this form is to enable Lifeblood to complete the checklist for the initial supply of blood and blood products. The completed form is then provided to the 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 will also receive information about your request, 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 complain about a breach of the *Privacy Act 1988* (Cth). For further information see the [Lifeblood privacy policy](#) or the [NBA privacy policy](#).

LIFEBLOOD USE ONLY

Date and time received:

Reviewed and compliant with the policy: Yes No

Date and time order was processed:

Date and time confirmation sent:

Once completed 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 (after hours: 0411 095 344)
NSW	BloodNetNSW@redcrossblood.org.au	02 9234 2050	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 (24 hours)
SA	BloodNetSouthAustralia@redcrossblood.org.au	08 8225 8199	1300 136 013 (24 hours) or 0400 880 409
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 (24 hours)