

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

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.

State/Territory:		
Condition: hepatitis A measles poliomyelitis	rubella in-hospital stock (only where approved)	
PUBLIC HEALTH UNIT (PHU)/	TREATING DOCTOR AND PRACTICE/	
INFECTIOUS DISEASE CONSULTANT (IDC) DETAILS	APPROVED HOSPITAL DETAILS	
(Details of PHU that provided advice in relation to this request)	Doctor name:	
Name of PHU/IDC:	Practice/Hospital Name:	
Name of Physician:	Phone: Fax:	
Phone:	Email:	
Email:	Hospital Provider Number:	
PRODUCT DETAILS (Please indicate the number of each	Or	
vial size required)	Doctor Provider Number:	
2ml vial (36200102):	DELIVERY ADDRESS	
5ml vial (36200105):	Street:	
Total mls required:	Suburb:	
Date and time required:	State/Territory:	
Number of patients being treated:	Postcode:	
	Delivery instructions:	
LIFEBLOOD USE ONLY		
Date and time received:	Reviewed and compliant with the policy: \(\subseteq \text{Yes} \subseteq \text{No} \)	
Date and time order was processed:	Date and time confirmation sent:	

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

STATE	EMAILTO:	FAX TO:	FOR URGENT REQUESTS: Call the relevant number
			below <u>after</u> 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	BloodNetSouthAustraliasa@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)

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.