

- 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: \_\_\_\_\_ Date of Request: \_\_\_\_\_  
 Given Name: \_\_\_\_\_ Weight (Kg): \_\_\_\_\_  
 NHI: \_\_\_\_\_ Height (cm): \_\_\_\_\_  
 Date of Birth: \_\_\_\_\_ Blood Group: \_\_\_\_\_

**Clinician Details**

Consultant: \_\_\_\_\_ Hospital: \_\_\_\_\_  
 Contact Name: \_\_\_\_\_ Pager: \_\_\_\_\_

**Clinical Diagnosis**

Brief description of diagnosis, specific indication for use, whether it meets NBA guidelines, and comorbidities. (see over)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Treatment**

Brief description of treatment including use of steroids, other immune-suppressants and plasma exchange

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Proposed Protocol; indicate dose and dose frequency**

Intravenous Ig	Initial Dose:					
	Maintenance Dose:		Frequency:		Duration:	
Subcutaneous Ig	Initial Dose:					
	Maintenance Dose:		Frequency:		Duration:	

**To Be Completed by NZBS**

Approved <i>Circle one</i>	TMS giving approval:	Referred for review	Approved <i>Circle one</i>	Blood Bank informed by:	Entry to eTraceline by:
YES / NO			YES / NO		
<i>Circle approved product</i>					
IntragamP®	Privigen®	Privigen® NZ	Gamunex® 10% IVIg 10g 100mL		
Hizentra®	Hizentra® NZ		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 'Request for Blood Bank Tests & Blood Components or Products' 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) <http://www.blood.gov.au/pubs/iviq/grq/>
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.**