

**REQUEST FOR COLLECTION, PREPARATION AND DISPENSING OF SERUM EYE DROPS**

**REASON FOR ISSUE:** Total rewrite.

**Requesting Clinician:**

Please complete this form in full and fax it to the nearest New Zealand Blood Service Centre.

**This form will act as the prescription. A prescription is required for each 3 months of treatment.**

Is this a first time use patient?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	If 'yes' please complete the consent for use of serum eye drops form and send with this request form.
<b>Hand Written Patient Details</b>		<b>Enter address details or attach patient details label</b>	
Surname:			
Given Names:			
Date of birth:			
NHI:			
Gender: Male <input type="checkbox"/> Female <input type="checkbox"/>			
Telephone number:			
Indication for Serum Eye Drops:		Dosage and Frequency:	
		Proposed Length of Treatment:	
		Preferred source of eye drops: Autologous <input type="checkbox"/> Allogeneic <input type="checkbox"/>	
Possible contra-indications to autologous donation:			
<ul style="list-style-type: none"> <li>• I request New Zealand Blood Service to collect, manufacture and dispense Serum Eye Drops for the above named patient.</li> <li>• I am aware that: <ul style="list-style-type: none"> <li>○ it will normally take 18 days from the initial collection date for the release of the Serum Eye Drops.</li> <li>○ if emergency early release of the Serum Eye Drops is required, I will contact the NZBS Transfusion Medicine Specialist to discuss.</li> <li>○ the collection and preparation of eye drops is still subject to NZBS Transfusion Medicine Specialist approval</li> <li>○ no more than one month's supply (4 bottles) of the manufactured Serum Eye Drops will be dispensed to the patient at a time unless specifically requested.</li> <li>○ there is a specific information leaflet available for patients to read.</li> </ul> </li> <li>• I have obtained written consent from the patient above for the use of the eye drops</li> </ul>			
Name of Clinician:		Hospital / Private practice:	
Tel no:		NZMC number:	
Signature		Date:	
<b>NZBS USE Only:</b>			
New request requiring collection <input type="checkbox"/>		For new requests: Authorisation to manufacture eye drops for the above patient is: <b>APPROVED / DECLINED</b>	
Follow-up request requiring collection <input type="checkbox"/>			
Prescription for second three months <input type="checkbox"/>			
The source for the <i>serum eye drops</i> is:		TMS signature	
<b>Autologous Collection</b> <input type="checkbox"/>		Date:	
<b>Allogeneic Collection</b> <input type="checkbox"/>			
<b>Donor ID:</b>		<b>Donation Number:</b>	
<b>Appt Date &amp; Time:</b>			
<b>Vol collected</b>	<b>Initials</b>	<b>Date</b>	