UNAPPROVED MEDICINE RECORD

REASON FOR ISSUE: Addition of Hepatitis B Immunoglobulin -VF (Australian Plasma).

ALL DETAILS on this form must be completed within 24 hours of issuing the product to the patient.

Please send completed form to:

Executive Assistant to National Medical Director
National Office
Private Bag 92071
Victoria Street West
Auckland 1142 or fax 09 523 5754

Tick the medicine that has been issued:

ePrologesa Code	Product name	Tick
	Berinert	
	Berirab P	
	Ceprotin	
	Eloctate	
	Hepatitis B Immunoglobulin – VF (Australian Registered)	
	Fibrogammin	
	Hizentra Immune Globulin	
	Imogam Rabies	
	Riastap (Australian Registered)	
	Rhophylac	

Patient Name:			
Patient Address:			
NHI Number:			
Practitioner Name:			
Practitioner Address:			
Dose Strength:		**Dose Volume:**	
Pack Size:		**Packs Supplied:**	
Date Issued:		**Batch Number:**	
Issued By:		**Blood Bank:**	
Hospital Issued To:			