

# KHSC Transfusion Medicine Rh Immune Globulin Request

<b>Patient Identifier LABEL</b>	
Must include:	Patient Name
	Date of Birth
	Health Card Number

Date of Request: (DAY- MONTH- YEAR)

Date for Administration: (DAY- MONTH- YEAR)

Prescribing Health Professional:

Requesting Location: Other:

- If ordering from within KHSC, please use Lab Order Entry to place the order for RhIG

**Consent for transfusion of a blood product complete?**  Yes

Indication and Dose:

Other: Dose: µg (note: 300 µg = 1500 IU)

Type and Screen testing: must be performed within the current pregnancy.

Testing performed at KHSC  External laboratory testing (Must Attach Results)

**FAX Completed Form to KHSC Transfusion Medicine Laboratory: 613-548-2455**

For questions or STAT requests, call KHSC Transfusion Medicine Laboratory at 613-548-7850

Or page the Hematopathologist On-Call through KHSC Switchboard