# KHSC Transfusion Medicine
# Rh Immune Globulin Request

Kingston Health Sciences Centre
Centre des sciences de la santé de Kingston

**Patient Identifier LABEL**

Must include: Patient Name
Date of Birth
Health Card Number

Date of Request: Click here to enter text. (DAY- MONTH- YEAR)

Date for Administration: Click here to enter text. (DAY- MONTH- YEAR)

Prescribing Health Professional: Click here to enter text.

Requesting Location: Choose an item. Other: Click here to enter text.

**Consent for transfusion of a blood product available in patient's chart?** ☐ No ☐ Yes

Indication and Dose: Choose an item.

Other: Click here to enter text. Dose: Click here to enter text. ug (note: 300 ug = 1500 IU)

Type and Screen testing: must be performed within TWO WEEKS of date for administration

☐ 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