



Rabies Immune Globulin and Rabies Vaccine Order Form

SECTION 1 – INSTRUCTIONS FOR HEALTHCARE PROVIDER

1. Complete all mandatory fields (*) – missing information will result in delays to your order.
2. Recipient of publicly funded vaccine must meet the eligibility criteria(s) as set out in the [Management of Potential Rabies Exposure Guideline, 2020](#). For information on administration visit <https://www.rcdhu.com/for-professionals/health-care/rabies-immune-globulin-rig-and-rabies-vaccine-quick-reference-guide-to-administration/>.
3. All animal bites must be reported to Renfrew County and District Health Unit (RCDHU) to determine each client's risk for rabies. Vaccine should only be administered after consultation with RCDHU.
4. Only 10 vials of Rabies Immune Globulin (RIG) and 1 vial of rabies vaccine will be issued unless a client is identified to prevent vaccine wastage.
5. A quantity on hand report for RIG and rabies vaccine is required to be completed before additional stock is issued.
6. Fax all pages to avoid delays in processing to **613-735-3067**, if outside business hours (Monday – Friday 8:00 a.m. to 4:00 p.m.), holidays or weekends please **call** the afterhours number at 613-735-9926.

SECTION 2 – HEALTHCARE PROVIDER INFORMATION

*Health care provider

*Facility Name

*Order date (mm/dd/yyyy)

*Fridge number(s):

*Type(s) of fridge: ☐ Bar ☐ Domestic ☐ Purpose-built

Contact person: _____ Phone number: _____

Fax: _____ Email: _____

Unit number: _____ Street number: _____ Street address: _____

City/Town: _____ Postal code: _____

SECTION 3 – ACCOUNTABILITY STATEMENT

By submitting this order, I verify on behalf of the hospital that the refrigerator storing publicly funded vaccines, at the location listed above, maintains temperatures between +2.0°C to +8.0°C; meets MOHLTC Vaccine Storage and Handling Protocols and Guidelines; maximum, minimum, and current temperatures are recorded at least twice daily. Furthermore, I verify that no more than ten rabies immune globulin and one rabies vaccine supply for walk-ins is stored at the location listed above, expired vaccines are never administered and are returned as wastage, a review of vaccine inventory and checking for expired vaccines has been completed before placing orders, and all due diligence has been taken to prevent the wastage of publicly funded vaccines. I understand that I am required to maintain accurate temperature logs that must be kept onsite for a minimum of two years and made accessible to Renfrew County and District Health Unit upon request.

Print Name

Signature

Date (mm/dd/yyyy)



SECTION 4 – CLIENT DETAILS

*Patient Name: (Last) (First)		Previous name: (if applicable)	
*Health Card Number:		*D.O.B: (yy/mm/dd)	
*Gender: M <input type="checkbox"/> F <input type="checkbox"/>	*Address:		
*City:	*Province:	*Postal Code:	*Phone: ()
*Attending Physician:		*Telephone: ()	
Family Physician:		Telephone: ()	
*Date of Incident: (yy/mm/dd)		*Client Weight: Kg	
*Type of Exposure: Bite <input type="checkbox"/> Scratch <input type="checkbox"/> Handling <input type="checkbox"/> Nearby <input type="checkbox"/> Unknown <input type="checkbox"/>			
*Animal Type: Bat <input type="checkbox"/> Cat <input type="checkbox"/> Dog <input type="checkbox"/> Fox <input type="checkbox"/> Raccoon <input type="checkbox"/> Skunk <input type="checkbox"/> Squirrel <input type="checkbox"/> Chipmunk <input type="checkbox"/> Unknown <input type="checkbox"/> Other(specify):			

SECTION 5 – QUANTITY OF VACCINE AND RIG ON HAND

After administration of RIG and rabies vaccine please complete an inventory count of each

Vaccine Name	Quantity on hand	Lot	Expiry
KAMRAB (2mL/ vial)			
HyperRAB – (1mL/vial)			
IMOVAX Rabies (1ml/vial)			
Other			

SECTION 6 – QUANTITY OF VACCINE AND RIG REQUESTED

Vaccine Name	Quantity requested	Quantity approved <i>*for RCDHU use only</i>
KAMRAB (2mL/ vial)		
HyperRAB – (1mL/vial)		
IMOVAX Rabies (1ml/vial)		
Other		



SECTION 7 – VACCINE REPORTING FORM

Client Name:
 Client DOB:

Vaccine Product	Recipient Initials					
KAMRAB (2mL/ vial)		#vials	Date	Lot #	Expiry	Injection Site
HyperRAB – (1mL/vial)		#vials	Date	Lot #	Expiry	Injection Site
IMOVAX Rabies (1ml/vial)		Dose #	Date	Lot #	Expiry	Injection Site
		Day 0				
		Day 3				
		Day 7				
		Day 14				
		Day 28				
RabAvert (1ml/vial)		Dose #	Date	Lot #	Expiry	Injection Site
		Day 0				
		Day 3				
		Day 7				
		Day 14				
		Day 28				

Please fax this document after administration of **each dose** to 613-732-3067.

*NOTE: For more information on administration visit RCDHU's [Rabies Immune Globulin \(RIG\) and Rabies Vaccine Quick Reference Guide to Administration](#) webpage