



Rabies Immune Globulin and Rabies Vaccine Order Form

NOTE: Report all rabies exposures to RCDHU before administration of rabies biologics

SECTION 1 – Health Care Provider Information	
*Facility Name:	
*Contact:	Email:
*Phone Number:	*Fax Number:
*Order Date:	

SECTION 2 – CLIENT DETAILS			
*Patient Name:		*Patient Weight: _____ Kg	
*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)			
*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 3 – QUANTITY OF VACCINE AND Rabies IG (RIG) REQUESTED AND ON HAND			
Vaccine Requested	RIG Requested	Unassigned Vaccine On Hand	Unassigned RIG On Hand

SECTION 4 – ACCOUNTABILITY STATEMENT
<p>By submitting this order, I verify on behalf of the practice 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. Upon vaccine pick-up, I will have the necessary materials for the safe transport of publicly funded vaccines including properly conditioned hard sided, insulated container, digital temperature monitoring device, and appropriate packaging material.</p>



SECTION 5 – VACCINE REPORTING FORM

Vaccine/RIG Product	Recipient Initials					
RIG - KAMRAB (2mL/vial)		#vials	Date	Lot	Expiry	Injection Site
RIG - HyperRAB (1mL/vial)		#vials	Date	Lot #	Expiry	Injection Site
Rabies Vaccine		Dose #	Date	Lot #	Expiry	Injection site
		Day 0				
		Day 3				
		Day 7				
		Day 14				
		Day 28*				

*Day 28 for immunocompromised individuals only.

Print Name

Signature

Date (mm/dd/yyyy)

Please **fax this document after initial administration** of first doses to 613-735-3067, and then **Section 5 only** after administration of subsequent patient doses.

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