



Rabies Immune Globulin and Rabies Vaccine Order Form

IMPORTANT: Advise 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) ON HAND	
Remaining Unassigned Vaccine On Hand	Remaining Unassigned RIG On Hand

SECTION 4 – ACCOUNTABILITY STATEMENT		
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.		
Print Name	Signature	Date (mm/dd/yyyy)
<input type="text"/>	<input type="text"/>	<input type="text"/>



SECTION 5 – VACCINE AND IG USED

DAY 0 (Date): _____

Rabies Immune Globulin (RIG)

- Lot # _____ Expiry # _____ Total # of vials dispensed _____
- Lot # _____ Expiry # _____ Total # of vials dispensed _____
- Lot # _____ Expiry # _____ Total # of vials dispensed _____
- Given by: _____

Human Diploid Cell Vaccine (HDCV)

- Lot # _____ Expiry _____
- IM Location: _____ Dosage: _____
- Given By: _____

Please **fax this document after initial administration** of first dose to 613-735-3067. All subsequent doses may be administered by RCDHU with patient cooperation.

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