

# Prevention of Alloimmunization in Mothers of Saskatchewan (PRAMS) Program

## Utilization of Rh Immune Globulin (RhIg) Non-SoftBank Report Form

**Complete and return this form to your designated SoftBank Transfusion Service Laboratory no more than 72 hours from the time RhIg was injected.**

### Section A: To be completed by Non-SoftBank Transfusion Service/Laboratory (TSL)

From (Name of Non-SoftBank TSL):	Phone Number: (306)	Fax Number: (306)
To (Name of Designated SoftBank TSL):	Phone Number: (306)	Fax Number: (306)
Notified by: <input type="checkbox"/> Fax <input type="checkbox"/> Email	Date: DD/MMM/YYYY	Time:
		Initials:

### Patient Information

Last name	First name
HSN	Date of Birth DD/MMM/YYYY

### Requesting Practitioner Information

Requesting Practitioner Name (Last, First, Middle):		
Clinic / Building Name:	Address:	Phone:

### Rh Immune Globulin (RhIg) Utilization Information

Facility Name (place of administration)	WinRho® SDF Lot Number	Vial Size (120 mcg, 300 mcg)	# of Vials Injected	Date RhIg Injected	Time RhIg Injected

### Section B: To be completed by SoftBank Transfusion Service/Laboratory (TSL)

Utilization entered into SoftBank: <input type="checkbox"/> Yes	Date: DD/MMM/YYYY	Time:	Initials:
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