

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

## Rh Immune Globulin (RhIg) Administration Report Form

**Complete and return this form to PRAMS no more than 72 hours from the time RhIg was injected.**

### Patient Information

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

### Providing Practitioner Information

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

### Rh Immune Globulin (RhIg) Administration 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

**THANK YOU SO MUCH FOR YOUR CONTRIBUTION IN HELPING PREVENT HDFN.  
PLEASE FAX FORM TO PRAMS AT (306) 974-3777**

PRAMS Nurse Coordinator  
Sandy Holfeld (306) 552-8167 Regina  
Shaylyn Kraushaar (306) 514-8037 Saskatoon

## *Healthy People, Healthy Saskatchewan*

The Saskatchewan Health Authority works in the spirit of truth and reconciliation,  
acknowledging Saskatchewan as the traditional territory of First Nations and Métis People.

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