

## BOOKING REQUEST: OUTPATIENT RhIG (WinRho)

Patient name:  
Address:  
Birth date:  
Health Card #

- 1<sup>st</sup> Trimester RhIG**
- Sent patient to community lab to have Group and Screen (G&S) completed within 28 days of RhIG administration. **FAX results of G&S to Blood Bank at 519-749-4314**
- FAX Booking form to the **Childbirth program at 519-749-4433**. Childbirth secretary will schedule an appointment in the Early Pregnancy Assessment Clinic (EPAU) and contact the patient with date and time
- 28 week RhIG**
- Date of 28 week gestation \_\_\_\_\_
- Sent patient to community lab to have Group and Screen (G&S) completed within 28 days of RhIG administration. **FAX results of G&S to Blood Bank at 519-749-4314**
- Obtain written consent for RhIG product administration (if provider has GRH privileges)
- Provider to complete order (if provider has GRH privileges)

**RhIG Product (WinRho) 1500 iU IM x 1**

**Provider Name:** \_\_\_\_\_ # \_\_\_\_\_

**Provider Signature:** \_\_\_\_\_

- FAX: Consent and Booking form to the **Childbirth program at 519-749-4433**. Childbirth secretary will schedule an appointment and contact the patient with the date and time.

**GRH Staff Only**

Appointment booked: \_\_\_\_\_ @ \_\_\_\_\_

\_\_\_\_\_ Date \_\_\_\_\_ time  
Patient notified \_\_\_\_\_ (date) Secretary initials \_\_\_\_\_

Patient to be advised to present to Childbirth 4D or EPAU (1<sup>st</sup> trimester RhIG) for RhIG administration.