



## Rh PROGRAM of NOVA SCOTIA

5850 /5980 University Avenue, PO Box 9700  
Halifax, Nova Scotia, Canada, B3K 6R8  
Tel 902-470-6458 Fax 902-470-7468  
Website: <http://rcp.nshealth.ca/rh>

### ORDER for Rho(D) immune globulin (WinRho® SDF).

**Written order and signed consent are REQUIRED for all injections.**

Patient's name: \_\_\_\_\_ HC# \_\_\_\_\_ DOB: \_\_\_\_\_ ABO/Rh type: \_\_\_\_\_

• Known reactions to blood products? No: \_\_\_\_ Yes: \_\_\_\_ If yes, describe: \_\_\_\_\_

• **Indication (please check *✓* all appropriate boxes):**

- Routine 28 weeks: WinRho® SDF 300 micrograms     Bleeding in pregnancy     Miscarriage  
 Other indication (explain): \_\_\_\_\_

• **Dosage (please check):**

**BEFORE 12 weeks gestation:**     WinRho® SDF 120 micrograms (if not available give 300 micrograms)

**AFTER 12 weeks gestation:**     WinRho® SDF 300 micrograms

**Note:**

1. Prenatal group & antibody screen must be obtained within 14 days (or same day) before administration of WinRho
2. Kleihauer test indicated for any bleeding after 12 weeks gestation

**Signature/Status of Treating Health Professional:** \_\_\_\_\_

[Physician, Nurse Practitioner or Midwife]

**Print Name:** \_\_\_\_\_ **Date:** \_\_\_\_\_ (DD/MM/YY)

