



# Rh PROGRAM of NOVA SCOTIA

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Tel: 902-470-6458 Fax: 902-470-7468 http://rcp.nshealth.ca/rh

## Rho(D) IMMUNE GLOBULIN (WinRho®SDF) INJECTION REPORTING FORM

Mother's Surname: \_\_\_\_\_ Mother's First Name: \_\_\_\_\_

Mother's Maiden Name: \_\_\_\_\_ Mother's ABO & Rh type: \_\_\_\_\_

Mother's Date of Birth: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Health Card #: \_\_\_\_\_  
DD / MM / YY

Expected Date of Delivery: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Mother's address: \_\_\_\_\_  
DD / MM / YY

Treating Health Professional (Physician/Midwife/Nurse Practitioner)/Clinic: \_\_\_\_\_

**NOTE:** 1. An antibody screen should be drawn *within two weeks* or as per your facility requirements **PRIOR TO THE ADMINISTRATION OF Rho(D) IMMUNE GLOBULIN (WinRho®SDF)**.  
2. WinRho®SDF is a BLOOD PRODUCT. Has consent been obtained by the physician, nurse practitioner or midwife?  Yes  
3. Obtain vital signs within one hour pre administration and maintain close observation (minimum 15 minutes) for any adverse reaction. If a reaction is suspected, manage patient with Transfusion Reaction Algorithm.  
*Previous known reactions to blood products?*  
 No  Yes If yes, describe: \_\_\_\_\_

### REASON FOR INJECTION (please check):

Antepartum (28 weeks)

Amniocentesis

Ectopic Pregnancy

Antenatal Bleeding (threatened miscarriage)

Miscarriage

Termination of Pregnancy @ \_\_\_\_\_ weeks

Platelet Transfusion

Postpartum

Delivery Date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
DD MM YY

Infant's ABO group: \_\_\_\_\_ Rh type: \_\_\_\_\_

Maternal KLEIHAUER test:

NEG: \_\_\_\_\_ POS: \_\_\_\_\_ % fetal cells: \_\_\_\_\_

Other indication (Please explain):  
\_\_\_\_\_

**DATE ADMINISTERED:** \_\_\_\_\_ (DD/MM/YY) **Hospital/Clinic:** \_\_\_\_\_

**GIVEN BY** (Signature): \_\_\_\_\_ (Print Name): \_\_\_\_\_

Route: \_\_\_\_\_ Lot No: \_\_\_\_\_ Dosage: \_\_\_\_\_ µg (or \_\_\_\_\_ I.U.)

After Transfusion COMPLETE and FAX to:

Rh Program of Nova Scotia (902-470-7468) FAXED BY: \_\_\_\_\_ (initials)

Copied and/or faxed to your local Laboratory if required (Y: \_\_\_\_\_ N: \_\_\_\_\_)