



**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: \_\_\_\_\_  
(YYYY-MM-DD)

- **Known reactions to blood products?**  No  Yes If yes, please 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 as required by your local laboratory) before administration of WinRho.
2. Kleihauer test is indicated for any bleeding after 12 weeks gestation.
3. A signed Consent for WinRho® SDF must accompany this order.
4. Appointments for outpatient injections are to be arranged as per your local facility requirements. See the Rh Program website for a list of facilities administering WinRho® SDF, or call the Rh Program for further information.

**Signature/Status of Treating Health Professional:** \_\_\_\_\_  
(Physician, Nurse Practitioner or Midwife)

**Print Name:** \_\_\_\_\_ **Date (YYYY-MM-DD):** \_\_\_\_\_



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**Phone: 902-470-6458 Fax: 902-470-7468 Website: <http://rcp.nshealth.ca/rh>**



Physician Orders



NSRHORA