



**IWK Special Immunization Clinic**  
**Referral for infant exposed to biologic monoclonal antibodies in utero**  
**Please fax to 902-470-7232**

Patient Name: \_\_\_\_\_  
 K# \_\_\_\_\_  
 D.O.B. \_\_\_\_\_  
 Gender: \_\_\_\_\_  
 Location: \_\_\_\_\_  
 HCN: \_\_\_\_\_

Prenatal Consult:   
 Current Gestational Age: \_\_\_\_\_  
 Expected Date of Delivery: \_\_\_\_\_

**Indications:**

Rituximab (Rituxan©)  Patient request  
 Belimumab (Benlysta©)  
 Natalizumab (Tysabri©)

<b>POSTNATAL CONSULT</b> <b>BIOLOGIC MONOCLONAL ANTIBODIES RECEIVED DURING PREGNANCY</b>	<b>YES</b>
• TNF $\alpha$ inhibitors (including biosimilars): Infliximab (Remicade©), Adalimumab (Humira©), Golimumab (Simponi©)	<input type="checkbox"/>
• TNF $\alpha$ inhibitors: Etanercept (Enbrel©)	<input type="checkbox"/>
• Anti-CD20 agent: Rituximab (Rituxan©), Belimumab (Benlysta©)	<input type="checkbox"/>
• Anti- $\alpha$ 4 integrin: Natalizumab (Tysabri©)	<input type="checkbox"/>
• Anti- $\alpha$ 7 integrin: Vedolizumab (Entyvio©)	<input type="checkbox"/>
• Co-stimulation blockade: Abatacept (Orencia©)	<input type="checkbox"/>
• Anti-IL12/IL23: Ustekinumab (Stelara©)	<input type="checkbox"/>
• Other: _____	<input type="checkbox"/>
Last dose of biologics (to be) given: _____ weeks prior to delivery	
Most recent maternal drug level obtained (if available): _____ Date: _____	
Other information:	
<b>UNDERLYING MATERNAL CONDITION (REASON FOR BIOLOGICS):</b>	

**Note: No referral required for patients on Certolizumab (Cimzia©) – due to lack of transfer of drug across the placenta.**

**Patient referred by: Name: \_\_\_\_\_ Phone: \_\_\_\_\_**

**Please FAX completed form to Pam MacIntyre at 902-470-7232 or [sicnurse@iwk.nshealth.ca](mailto:sicnurse@iwk.nshealth.ca)**  
**Specify: Infant Exposed to Biologics in Utero**  
**Questions: Call Pam at 902-470-8948 or email [sicnurse@iwk.nshealth.ca](mailto:sicnurse@iwk.nshealth.ca)**