



Rh PROGRAM of NOVA SCOTIA

5850 /5980 University Avenue, PO Box 9700
Halifax, Nova Scotia, Canada, B3K 6R8
Tel 902-470-6458 (not for booking appointments; see below)
Website: <http://rcp.nshealth.ca/rh>

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

REVISED OCT 2022

Written order and signed consent are REQUIRED for all injections. Please complete and SIGN bottom box.

Patient's name: _____ HCN: _____ DOB: _____ ABO/Rh type: _____

➤ **Known reactions to blood products? No: _____ Yes: _____ If yes, describe: _____**

Important:

- Maternal antibody screen must be obtained before administration of WinRho.
Dartmouth outpatient LAB hours: 7:00 am to 3:00 pm Monday – Friday (except holidays).
IWK outpatient LAB hours: 7:30 am to 5:00 pm [arrive by 3:30 pm if also coming for glucose (“trutol”) testing].

- Kleihauer test may be indicated for events after 12 weeks gestation

3. To BOOK appointment:

Less than 12 weeks gestation:

- ✓ **Patient must bring completed CONSENT & ORDER**
- **IWK Health:** call 902-470-2675 Monday to Friday. **Fax: 902-470-7509**
- **Dartmouth General:** call 902-465-8335 Monday to Friday.

12 weeks gestation or greater:

- ✓ **Patient must bring completed CONSENT & ORDER**
- **IWK Health:** call 902-470-6640 to book.
- **Dartmouth General:** call 902-465-8335 Monday to Friday.

Other indication (explain): _____

Note: Urgent/emergent situations: direct patient to local emergency department (do not use this form).

Dosage (please check):

Less than 12 weeks gestation: WinRho® SDF 120 mcg (if not available give 300 mcg)

12 weeks gestation or greater: WinRho® SDF 300 mcg

Signature/Status of Treating Health Care Provider: _____

[Physician, Nurse Practitioner or Midwife]

Print Name: _____ **Date:** _____ (DD/MM/YYYY)

