

## RESPIRATORY SYNCYTIAL VIRUS PROPHYLAXIS REQUEST FORM

### Section 1

<b>Patient Reference #</b>
Determined by Manufacturer

Date of Request: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Day      Month      Year

<b>PATIENT INFORMATION</b>		Patient Initials: <table border="1" style="display: inline-table; width: 100px; height: 20px; vertical-align: middle;"></table>
Date of Birth: _____ / _____ / _____ <small>Day      Month      Year</small>	<input type="checkbox"/> Male <input type="checkbox"/> Female	Present Weight: _____ g
Synagis® Total # of 100 mg vials required: _____ Total # of 50 mg vials required: _____	Note: Dose is 15 mg / kg, as per Product Monograph	

First Dose: Regional Health Authority (check one) <input type="checkbox"/> Eastern <input type="checkbox"/> Western <input type="checkbox"/> Central <input type="checkbox"/> Labrador-Grenfell	Shipping Address (First Dose)
Subsequent Dose: Regional Health Authority (check one) <input type="checkbox"/> Eastern <input type="checkbox"/> Western <input type="checkbox"/> Central <input type="checkbox"/> Labrador-Grenfell	Shipping address (Subsequent doses, if different from above):

1mL and 3mL Integra syringes are available through Abbott Laboratories – Contact your Abbott representative for quantities needed.

<b>PHYSICIAN INFORMATION (All fields mandatory)</b>	
Last Name: _____	First Name: _____
Institution Name: _____	Address: _____ <small>Number      Street</small>
City: _____ Province: _____	Postal Code: _____
Telephone: _____ <small>Number      Extension</small>	Fax: _____
Form Completed by: _____ <small>Name</small>	Provincial Medical License #: _____
Medical Specialty (optional): _____	

### Section 2 - INDICATION FOR USE

<input type="checkbox"/> Infant born prematurely at ≤ 32 weeks gestation and aged ≤ 6 months (with or without bronchopulmonary dysplasia), at the start of the RSV season. <b>Gestational Age:</b> <input type="checkbox"/> < 28 weeks <input type="checkbox"/> 28-29 weeks <input type="checkbox"/> 30-31 weeks <input type="checkbox"/> 32 weeks
<input type="checkbox"/> Patient ≤ 24 months of age with chronic lung disease/ bronchopulmonary dysplasia and who have required oxygen within the 6 months preceding the RSV season. <b>Age:</b> <input type="checkbox"/> ≤ 1 year old <input type="checkbox"/> Between 1 and 2 years old
<input type="checkbox"/> Children < 24 months of age with hemodynamically significant cyanotic or acyanotic congenital heart disease (requiring corrective surgery or on cardiac medication for hemodynamic considerations). <b>MANDATORY:</b> Indicate specific diagnosis and or cardiac medications:
<input type="checkbox"/> Children born ≤ 35 weeks gestation and are < 6 months of age at the start of the RSV season and <b>who live in isolated or remote northern communities</b> may be considered for prophylaxis according to assessment of access to medical care and other factors known to increase risk.
<input type="checkbox"/> Other <b>Requires all the following documentation before request can be processed:</b> 1. Letter from <u>requesting physician</u> providing medical justification for request <b>and</b> , 2. Letter/risk assessment tool from consulting RSV Pediatrician, Janeway, supporting the request.

For copies of this form contact the Provincial Blood Coordinating Program at: [marilyncollins@gov.nl.ca](mailto:marilyncollins@gov.nl.ca) or call 709-729-5246.

**Please fax this completed request form to:  
 Abbott Laboratories Ltd at (514) 832-7251 or 1-800-513-7337**