

Patient Name:  
MCP/HCN:

The following is a list of responsibilities required of a patient to receive Glassia:

1. Have a clear understanding of the risks associated with administration of Glassia outside the hospital/clinical environment;
2. Attend all scheduled clinic appointments;
3. Complete home infusion training and demonstrate self-administration until competency is established;
4. Follow the instructions for home infusion as per the patient education materials or the written modified program provided by the nurse educator;
5. Contact the nurse educator when questions regarding supplies or the home infusion process arise;
6. Order, transport, and store Glassia according to the instructions provided;
7. Perform home infusion in a safe and clean environment;
8. Administer doses on the schedule determined by the physician;
9. Ensure an adult who is not undergoing the infusion is present for the duration of the infusion and for 60 minutes following the completion of the infusion;
10. Maintain and dispose of equipment as instructed;
11. Complete an issue/transfusion card for each infusion, or ensure each Glassia vial is documented on infusion log;
12. Document all adverse reactions on issue/transfusion card or infusion log. Any adverse reaction that requires emergency medical attention should be reported to the patient's physician before administering any further doses;
13. Document any discards or expiry of Glassia on issue/transfusion card or infusion log;
14. Submit all issue transfusion cards, or completed infusion log, to the Transfusion Medicine Lab as instructed; and,
15. Understand failure to comply with Agreement will result in returning to clinic infusions or Innomar nurse infusions at home.

**I understand that failure to comply with the above responsibilities may pose a threat to my safety.**

I understand that I am participating in the Glassia home infusion program at my own risk and I hereby waive any and all claims and release from all liability and agree not to sue any Health Authority, physician, hospital staff or representatives for any and all personal injury, death, or loss sustained by me as a result of preparing, infusing, handling, or storing Glassia in my home or at any location outside of the hospital due to any cause whatsoever.

I declare that I have read and understood these conditions.

\_\_\_\_\_  
Signature of Patient

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Parent or Legal Guardian

\_\_\_\_\_  
Date