

Hospital (Blood Bank): \_\_\_\_\_

FAX: \_\_\_\_\_

**To Transfusion Medicine Service:**

Please order SCIG from Canadian Blood Services (CBS) for a home infusion patient who will pick up product from your laboratory/facility:

Patient Name: \_\_\_\_\_

DOB: \_\_\_\_\_

MCP: \_\_\_\_\_

- Product Details:** \_\_\_\_\_ vials of 5mL (1 g IgG)  
\_\_\_\_\_ vials of 10mL (2 g IgG)  
\_\_\_\_\_ vials of 20mL (4 g IgG)  
\_\_\_\_\_ vials of 40mL (8 g IgG)  
\_\_\_\_\_ vials of 50 mL (10g IgG)

Date of Product Pickup by patient/or designate: \_\_\_\_\_

If product has not been picked up within 5 business days of date noted, **please call <enter name and contact phone number>**

**For the TMS**

1. Patients arriving at the Transfusion Service to pick up SCIG for home infusion must provide photo identification that provides, at minimum, name and date of birth. Designates must provide their own identification and be recognized as an appropriate alternate by the transfusion medicine laboratory. The SCIG Clinic will provide information to the patient regarding the pick-up of the product and the type of transportation container required.
2. Direct any questions to <contact name and phone number>