Alberta Health Services

Affix patient label within this box

IVIG Request

This form must be completed on initial request or for re-approval for IVIG on all patients regardless of indication.

Informed Consent is required prior to initiating IVIG/SCIG Therapy.

For Laboratory contact information see http://www.albertahealthservices.ca/lab/Page10035.aspx

Date Requested *(yyyy-Mon-dd)*	Date Required *(yyyy-Mon-dd)*	Site to administer product	Type ☐ Intravenous (IVIG) ☐ Subcutaneous (SCIG)
Requesting MRHP	MRHP Specialty		Phone

Dosage Information

- **The authorized prescriber** is required to use adjusted body weight dosing for patients with a height of greater than 152cm and a weight of 20-200kg.
  See **IVIG Dosing based on Adjusted Body Weight Calculation**: **http://www.albertahealthservices.ca/lab/Page10035.aspx**
- See **Approved IVIG Dosing Guidelines** *(on reverse)* for suggested initial dose and duration based on medical condition.

Weight *(kg)*	Dosing Weight *(kg)* _____
Height *(cm)*	Dose Calculator used ☐ Yes ☐ No If No, why was it not used? _____
☐ **Induction/One-time dose**	_____ g/kg = _____ g; divided over _____days
☐ **Maintenance Dose**	_____ g/kg = _____ g; divided over _____days; _____ weeks; Duration _____ months

IgG Level/Platelet count/other test results relevant to patient condition
Result _____ Date *(yyyy-Mon-dd)* _____

Indicate Diagnosis and Complete Requisite Information *(if required)*	
Specialty	**Medical Condition**
Immunology	☐ Primary Immune Deficiency ☐ Secondary Immune Deficiency Specific diagnosis_____
Hematology	☐ Acute Idiopathic Thrombocytopenic Purpura (ITP) ☐ Chronic ITP **with** acute exacerbation ☐ Chronic ITP **without** acute exacerbation ☐ Post-transfusion Purpura ☐ Hemolytic Disease of Newborn ☐ Neonatal Alloimmune Thrombocytopenia ☐ Hemophagocytic Lymphohistiocytosis
Neurology	☐ Guillain-Barre Syndrome ☐ Chronic Inflammatory Demyelinating Polyneuropathy (CIDP) ☐ Multifocal Motor Neuropathy ☐ PANDAS ☐ Polymyositis ☐ Myasthenia Gravis
Rheumatology	☐ Dermatomyositis ☐ Kawasaki Disease
Infectious Disease	☐ Toxic Shock Syndrome
Transplant	☐ Solid Organ Transplant Rejection ☐ Solid Organ Transplant Human Leukocyte Antigen (HLA) Desensitization ☐ Solid Organ Transplant with BK infection/nephropathy
Other	☐ Clinical Diagnosis and/or reason for IVIG request: _____ Objective Outcome Measures _____

For Transfusion Medicine Use Only		
☐ Dose verified	☐ If required, Dose adjusted to:	Tech code/Initials

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IVIG Request

Approved IVIG Dosing Recommendations

Specialty	Medical Condition:	Suggested initial dose and duration
Immunology	• Primary Immune deficiency • Secondary immune deficiency	0.4-0.6 g/kg every 4 weeks aiming for a trough level of 5-7 g/L. Trough levels should be monitored every 3-6 months in pediatrics and every 6-12 months in adults.
Hematology	• Acute Idiopathic Thrombocytopenic Purpura (ITP) • Chronic ITP **with** acute exacerbation	Pediatrics: 0.8 – 1.0 g/kg as a single course with a 2nd course given after 48 hours if platelet (plt) count has not risen above greater than $20x10^9$ /L. Adults: If bleeding – 1 g/kg/d x 2 days. If no response to steroids – 1 g/kg/d x 2 days.
	• Chronic ITP **without** acute exacerbation	0.5 g/kg every 4 weeks.
	• Post-transfusion Purpura	1 g/kg/d x 2 days
	• Hemolytic Disease of Newborn	In neonate with hyperbilirubinemia: 0.5 – 1.0 g/kg single dose. Subsequent dose in 12 hrs if necessary.
	• Neonatal Alloimmune Thrombocytopenia	Prenatal – 1 g/kg weekly (administered to mother). Postnatal – not generally recommended but can be used as adjunctive therapy in neonate. Consult Transfusion Medicine physician for dose.
	• Hemophagocytic Lymphohistiocytosis	1 g/kg/d x 2 days. Not recommended unless life threating disease.
Neurology	• Guillian-Barre Syndrome • PANDAS	2 g/kg total course which may be split over 2-5 days. Single course only.
	• Chronic Inflammatory Demyelinating Polyneuropathy (CIDP) • Polymyositis • Multifocal Motor Neuropathy • Myasthenia Gravis	2 g/kg total course which may be split over 2-5 days monthly x 3 months. After initial course, course should be tapered to a minimum effective course.
Rheumatology	• Dermatomyositis	2 g/kg total course which may be split over 2-5 days monthly x 3 months.
	• Kawasaki Disease	2 g/kg as a single course.
Infectious Disease	• Toxic Shock Syndrome	1-2 g/kg as a single course.
Transplant	• Solid Organ Transplant Rejection	0.1 g/kg after each plasmapheresis run or a single total dose of 2 g/kg.
	• Solid Organ Transplant HLA Desensitization • Solid Organ Transplant with BK Infection/nephropathy	2 g/kg total course which may be split over 2-5 days x 4 months. For the peritransplant period, may switch to 0.1 g/kg post plasmapheresis.

NOTE: If requested IVIG dose does not follow these dosing recommendations, further justification may be required before product can be dispensed