Alberta Health Services

ALBERTA PRECISION LABORATORIES
Leaders in Laboratory Medicine

TM1959 SCIG Home Infusion Log
Calgary Zone

Rev 2.02

Pick-up Transfusion Medicine location: _____

Transfusion Medicine Phone: _____

SCIG Brand Name: ☐ **Hizentra** ☐ **Cuvitru** ☐ **Other**: _____

Place patient label here or clearly print patient information: full name (last name, first name, date of birth (YYYY-MM-DD), gender and Personal Health Number.

Site Legend			
R	Right	**A**	Abdomen
L	Left	**H**	Hips
U	Upper	**Leg**	Leg/thigh
Lo	Lower		

Date of infusion (yyyy/mmm/dd)	Length of infusion (h = hours m = minutes)	Site(s) used (see legend)	Volume per site (mL)	Total volume infused (mL)	Lot number(s)	Adverse reaction? (Yes/No) If yes, describe	List any medication(s) taken during infusion	Recent infection? (Yes/No) Fever (°C)

Product Wasted Report

Complete: If any vial is wasted (broken, contaminated) or expired due to patient error or if vial has a manufacturer's defect (broken seal, particles or cloudy solution), record and return vial to Transfusion Medicine.

Date product picked up (yyyy/mmm/dd)	Date wasted (yyyy/mmm/dd)	Lot number	# of vials	Check (✓) one, not both		If wasted, indicate whether returned to Transfusion Medicine
				Wasted	Expired	

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