



Human rabies immunoglobulin and vaccine order form (for public health use only)

THIS FORM IS NOT FOR USE BY CLINICIANS REQUESTING POST-EXPOSURE PROPHYLAXIS (PEP) FOR PATIENTS WITH A POTENTIAL RABIES EXPOSURE.

TO ACCESS PEP, CLINICIANS MUST CONTACT THEIR PUBLIC HEALTH UNIT OR IF AFTER HOURS CALL 9328 0553.

Process for ordering: Onelink office hours: Mon-Fri 6.30am-4.00pm

1. If the order is being placed after office hours **and** the delivery is also required after hours: Email this form to priority@onelink.com.au and copy vaccineorders@health.wa.gov.au Call 0459 398 111 to confirm order.
2. For **all other** ordering/delivery timeframes, email this form to customerservice@onelink.com.au and copy vaccineorders@health.wa.gov.au Call 1800 014 207 during office hours to confirm order.

Order

_____ x 2 mL vials of human rabies immunoglobulin (HRIG dosage = 20 IU/kg, HRIG concentration = 150 IU/mL)

_____ x vials of human rabies vaccine **Egg allergy vaccine required (Merieux/Verorab)?** Yes No

Attending doctor's name _____ Phone _____

Practice/hospital name _____ Fax _____

Delivery address _____

Postcode _____

Delivery required (tick box) Urgent Date _____ Time _____ am pm

Not Urgent Date _____ Time _____ am pm

Subsequent order (if required) Note: This is only required if needed for subsequent treatment at different location.

_____ x 2 mL vials of human rabies immunoglobulin

_____ x vials of human rabies vaccine **Egg allergy vaccine required (Merieux/Verorab)?** Yes No

Attending doctor's name _____ Phone _____

Practice/hospital name _____ Fax _____

Delivery address _____

Postcode _____

Delivery required (tick box) Urgent Date _____ Time _____ am pm

Not urgent Date _____ Time _____ am pm

I hereby authorise the supply of the above quantities of human rabies immunoglobulin and/or human rabies vaccine to the attending doctor(s) named above:

Patient's name _____ Date of birth _____

Authorising doctor's name _____ PHU Name _____
(PHU or CDCD)

Date _____ Time _____ am pm CDCD