



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

**THIS FORM IS FOR PUBLIC HEALTH UNIT STAFF ONLY**

**TREATING CLINICIANS REQUESTING POST-EXPOSURE PROPHYLAXIS (PEP) FOR PATIENTS WITH A POTENTIAL RABIES EXPOSURE MUST CONTACT THEIR PUBLIC HEALTH UNIT OR IF AFTER HOURS CALL 1800 434 122**

**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](mailto:priority@onelink.com.au) and copy [vaccineorders@health.wa.gov.au](mailto:vaccineorders@health.wa.gov.au) Call (not text) 0459 398 111 to confirm order.
2. For **all other** ordering/delivery timeframes, email this form to [customerservice@onelink.com.au](mailto:customerservice@onelink.com.au) and copy [vaccineorders@health.wa.gov.au](mailto:vaccineorders@health.wa.gov.au)

## Order

**KAMRAB (HRIG - RW0591):** \_\_\_\_\_ x 2 mL vials To calculate the number of vials required =  $(20 \times (\text{patient weight in kg}) \div 150) / 2$

**Verorab\* (Vaccine - RW0588):** \_\_\_\_\_ x vials \*Verorab is safe to use for people with egg allergy.

**Attending doctor's name** \_\_\_\_\_ **Phone** \_\_\_\_\_

**Practice/hospital name** \_\_\_\_\_ **Fax** \_\_\_\_\_

**Delivery address** \_\_\_\_\_

**Postcode** \_\_\_\_\_

**Delivery required (tick box)**

Not Urgent Date \_\_\_\_\_ Time \_\_\_\_\_ am pm  
 Not urgent: Orders placed and approved by Onelink before 2pm AWST will be delivered the following day.

Urgent Date \_\_\_\_\_ Time \_\_\_\_\_ am pm  
 Urgent: if standard (not-urgent) option will not facilitate delivery in time.

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

**KAMRAB (HRIG - RW0591):** \_\_\_\_\_ x 2 mL vials To calculate the number of vials required =  $(20 \times (\text{patient weight in kg}) \div 150) / 2$

**Verorab\* (Vaccine - RW0588):** \_\_\_\_\_ x vials \*Verorab is safe to use for people with egg allergy.

**Attending doctor's name** \_\_\_\_\_ **Phone** \_\_\_\_\_

**Practice/hospital name** \_\_\_\_\_ **Fax** \_\_\_\_\_

**Delivery address** \_\_\_\_\_

**Postcode** \_\_\_\_\_

**Delivery required (tick box)**

Not Urgent Date \_\_\_\_\_ Time \_\_\_\_\_ am pm  
 Not urgent: Orders placed and approved by Onelink before 2pm AWST will be delivered the following day.

Urgent Date \_\_\_\_\_ Time \_\_\_\_\_ am pm  
 Urgent: if standard (not-urgent) option will not facilitate delivery in time.

**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**