Government of **Western Australia**
Department of **Health**
Public and Aboriginal Health Division

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 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 (not text) 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

Order

KAMRAB (HRIg - RW0591): _____ x 2 mL vials To calculate the number of vials required = (20 x (patient weight in kg) ÷ 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 x (patient weight in kg) ÷ 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 or CDCD) _____ ☐ PHU Name _____

Date _____ Time _____ ☐ am ☐ pm ☐ CDCD

Last Updated: 17/09/2024