



New IVIG SCIG Physician Forms Communication #2

Date Issued: June 15, 2017

As a follow-up to the initial Clinical Practice Change memo “New IVIG Physician Request Forms” sent 25 May 2017, this memo provides further guidance for monitoring of IVIG/SCIG treatments, roles and responsibilities of stakeholders and how to access the new forms.

Key Considerations

Clinician/Health Care Providers (HPC):

It will be the responsibility of the clinician/HCP to track patient appointments and be aware of completing the IVIG/SCIG Physician Follow Up form at 6 month intervals following the Initial Treatment form.

If on-going IVIG/SCIG treatment is required once a patient returns to their community, clinicians/HCPs should take advantage of ensuring the Discharge Plan includes the notation that the IVIG/SCIG Follow Up form is required at 6 month intervals following the initial treatment. This process will allow for uninterrupted issuance of IVIG/SCIG to the patient.

Please be advised that the ordering physician must be on the [Approved Prescriber](#) list found on the Best Blood Manitoba website, www.bestbloodmanitoba.ca

Hospital Laboratory Blood Bank:

The Blood Bank will only be able to provide guidance on when IVIG/SCIG was issued to the patient. The Blood Bank **will not** have the ability to track nor alert clinicians/HPCs when a 6 month IVIG/SCIG Follow Up form is required for the patient.

Blood Management Service (BMS):

The IVIG/SCIG Initial Treatment and Follow-Up Request forms will be consolidated at BMS where data will be entered into a Repository.

For the first year post implementation, BMS will send out a notification 2 months prior to the 6 month follow up requirement as outlined in the IVIG/SCIG Physician Follow Up form. The first mail out will be sent in November and will include only those patients documented with the Initial Treatment form after July 1, 2017.

More Information

The Initial Treatment and Follow Up forms may be found at the [Best Blood Manitoba](#) website

On line at [Diagnostic Services Manitoba Lab Information Manual](#)

Ordered from the [WRHA Print Shop](#) using the SAP#'s below:

Name of Form	SAP#	Size	Cost
FORM DSM IVIG SCIG MD INITIAL TX	331889	Pkg 20	\$4.42
FORM DSM IVIG SCIG MD FOLLOW UP	331891	Pkg 20	\$4.42

DSM Contact Information:

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