BLOOD TRANSFUSION SERVICE
Provincial Clinical Laboratory

Queen Elizabeth Hospital
Charlottetown, PEI
Phone (902) 894-2300
Fax (902) 894-2415

Prince County Hospital
Summerside, PEI
Phone (902) 438-4280
Fax (902) 438-4281

Address for Non-PEI Residents Required
Name: _____
Place Label Here
Street: _____
City: _____ Prov./State _____
Postal Code/Zip: _____

EMERGENCY RELEASE OF IVIG

Complete this form **in addition to** the appropriate IVIG request form.

Only those indications listed below may be considered for emergency release

- Patient Name: _____ MRN: _____

Patient must meet the pre-requisites listed on the pre-printed order form PLUS the pre-requisites listed below (if any) for emergency release of product

HEMATOLOGY INDICATIONS	
☐ ITP	☐ Neonatal Alloimmune Thrombocytopenia (NAIT)
☐ Pregnancy-Associated ITP	☐ Hemolytic Disease of the Newborn (HDN)
☐ Post Transfusion Purpura	☐ Hematological Malignancy
☐ Acquired Hemophilia with Factor VIII Inhibitor	☐ Secondary Immune Deficiency
☐ Factor XIII Inhibitor	☐ Neonates of Mothers with ITP
☐ Fetal Alloimmune Thrombocytopenia (FAIT)	
NEUROLOGY INDICATIONS	
☐ Guillain-Barré Syndrome	☐ Autoimmune Encephalitis: Rasmussen's Encephalitis
☐ Myasthenia Gravis (MG) ☐ ventilated patient	☐ Acute Disseminated Encephalomyelitis (ADEM)
IMMUNOLOGY INDICATIONS	
☐ Primary Immunodeficiency ☐ severe/acute infection	☐ Secondary Immunodeficiency ☐ severe/acute infection
DERMATOLOGY INDICATIONS	
☐ Kawasaki Syndrome	☐ Dermatomyositis
RHEUMATOLOGY INDICATIONS	
☐ Immune-Mediated Inflammatory Myositis	☐ Systemic Onset Juvenile Idiopathic Arthritis
☐ Juvenile Dermatomyositis	☐ Catastrophic Antiphospholipid Antibody Syndrome
☐ Kawasaki Syndrome	☐ Hematophagocytic Lympohistiocytosis
INFECTIOUS DISEASE	
☐ Group A Streptococcus (GAS) Necrotizing Fasciitis or Toxic Shock Syndrome	☐ Staphylococcus Aureus Toxic Shock Syndrome (TSS)

PHYSICIAN'S NAME (PRINT):	**CONTACT PHONE #/ REG NO.**
PHYSICIAN'S SIGNATURE:	**DATE:**

Bar Code
LAB USE ONLY