



Patient Name	
MRN	
Birthdate	

Consent for Rh_o(D) Immune Globulin (WinRho®SDF Liquid)

1.	I,, consent to receive Rh (D) Immune Globulin
	(Patient's name: Print last name, first, middle)
	(WinRho® SDF Liquid) as recommended to me by **
	(WinRho® SDF Liquid) as recommended to me by ** (Treating professional: print name)
2.	I certify that the nature, purpose and anticipated side effect(s) of this treatment, including the expected benefits, risks, alternatives available and consequences of having or not having the treatment have been explained to me. I am satisfied with these explanations and I understand them. I have had the opportunity to ask questions and have had them answered.
3.	I further agree that another health care provider may perform part or all of the treatment at the request of the health practitioner**.
4.	I understand that I may withdraw this consent at any time by notifying my health practitioner**. I understand that this consent will be valid for the duration of this pregnancy including postpartum, unless withdrawn.
5.	I certify that I have read, or have had read to me, and fully understand the meaning, effects and consequences of this consent and that I have voluntarily signed it.
На	ve you had previous reactions to blood products/ $Rh_{_0}(D)$ Immune Globulin? \Box No \Box Yes
 Da	te (DD/MM/YYYY) Signature: Patient or Substitute Decision-Maker
an	onfirm that the above information has been discussed with
Da	te (DD/MM/YYYY) Signature: Treating Professional**
**	Physicians or Nurse Practitioners are responsible for obtaining informed consent and cannot

^{**}Physicians or Nurse Practitioners are responsible for obtaining informed consent and cannot delegate this responsibility to others.

Information About The Role Of Rh_o (D) Immune Globulin (Winrho® Sdf Liquid) In Preventing Rh Disease

Your prenatal blood test has shown that you are considered Rh negative. Unless the father of your baby is definitely known to be Rh negative, it is recommended that you receive Rh_o (D) Immune Globulin (WinRho® SDF Liquid) for the following reasons:

- at the 28th week of your pregnancy
- within three (3) days after delivering an Rh positive baby
- miscarriage
- vaginal bleeding in pregnancy
- tubal pregnancy
- amniocentesis
- therapeutic abortion
- external cephalic version
- for other reasons when you are at risk as guided by your health care provider
 [Guidelines for Perinatal Antibody Screening and Rho(D) immune globulin (WinRho®SDF
 Liquid) Administration Rh Program of NS March 2010]

You may produce antibodies which could break down your baby's Rh positive red blood cells. By preventing the formation of these antibodies, your baby, and even your future babies, may avoid developing Rh disease. Rh $_{\circ}$ (D) Immune Globulin reduces the chance of Rh disease from 1 in 10 women, to 1 in 1000 women.

- (WinRho® SDF Liquid) is a blood product; therefore, donors are always screened for hepatitis B, C and HIV ("AIDS") viruses. (However, other communicable diseases may be present for which there are no tests at this time.)
- Several steps (SDF™)* are used when making this product to destroy these and other viruses. There have been no reports of infectious diseases transmitted by (WinRho® SDF Liquid).
- Reactions to WinRho® SDF Liquid are rare in Rh negative individuals. You will be asked to stay for 15 to 30 minutes after receiving your injection. Discomfort and slight swelling at the injection site may occur in a small number of cases. If you develop fever, chills, shaking, headache or any feelings that are different from usual, call the health professional where you received your injection.
- For more information, please refer to the pamphlet *The Rh Factor and Pregnancy*. If you have further questions, please call the Rh Program of NS at (902) 470-6458 or see http://rcpnshealth.ca/rh. See www.winrho.ca for product information.

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^{*} solvent-detergent-filtration