BC Centre for Disease Control

Rabies Biologicals Request Form
January 2017

If biologicals requested from BCCDC, fax this form to the Biologicals Desk at (604) 707-2581 [phone number: (604) 707-2582].

CLIENT INFORMATION	
Last Name:	First Name:
Sex: ☐ Male ☐ Female	PHN:
Self-reported Weight: (kg)	Date of Birth: ______/_____/_____ (*yyyy/mm/dd)*
No. and Street Address:	
City/Town: Postal Code:	Phone #: H: ( )____________________ W: ( )____________________ Other: ( )_________________
Has client previously received rabies pre-exposure immunization? ☐ Yes-complete ☐ Yes-partial ☐ No ☐ Unknown If yes, specify immunization date (*yyyy/mm/dd):* Vaccine type: Has client previously received complete post-exposure prophylaxis? ☐ Initiated ☐ Complete ☐ Not started ☐ Unknown If yes, specify date of last dose (*yyyy/mm/dd):* Vaccine type:	
Is client immunocompromised? ☐ Yes ☐ No ☐ Unknown If Yes, specify: ________________________________ Is client on chloroquine? ☐ Yes ☐ No ☐ Unknown	
PHYSICIAN INFORMATION	
Last Name:	First Name:
No. and Street Address:	Phone: ( )_________________
City/Town:	Postal Code:
RABIES POST-EXPOSURE PROPHYLAXIS	
Has client received rabies biologicals for current exposure? **RabIg**: ☐ Yes ☐ No ☐ Unknown Date (*yyyy/mm/dd):* ______________________ Location: _______________________________ **Rabies vaccine**: ☐ Yes ☐ No ☐ Unknown Dates(*yyyy/mm/dd*): 1) ___________________ 2) ___________________ 3) ___________________ Location:________________________________ Product name: ___________________________	

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PHN: ___________________________

RPEP authorized by (name of MHO):______________________________________
Date authorized (*yyyy/mm/dd):* ________________________
MHO comments:

Person who received authorization: ____
(print name)

Other comments:

Biologicals to be shipped from a local depot: ☐ **Yes** ☐ **No**

BIOLOGICALS TO BE SHIPPED TO	
Facility Name:	
Full Address:	Person Receiving:
Office Hours & Special Instructions:	Phone Number: ( ) ________________ After Hours Number: ( ) ________________ Expected Date/Time for Biologicals Arrival: ____/_ __/___ (*yyyy/mm/dd)* ☐ AM ☐ PM

Submitted by: (please print)___________________________Phone #: ( ) _______________________

BIOLOGICALS REQUESTED

Rabies vaccine ______________ vials **(1 vial = 1 dose = 1ml)**

Rabies immune globulin ______ vials **(1 vial = 2ml = 300 IU)**
Dose in ml: (20 IU x wt in kg) / 150 IU per ml = _____ml