



## Human rabies immunoglobulin and vaccine order form (for public health use only)

**THIS FORM IS NOT FOR USE BY CLINICIANS REQUESTING POST-EXPOSURE PROPHYLAXIS (PEP) FOR PATIENTS WITH A POTENTIAL RABIES EXPOSURE.**

**TO ACCESS PEP, CLINICIANS 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](mailto:priority@onelink.com.au) and copy [vaccineorders@health.wa.gov.au](mailto:vaccineorders@health.wa.gov.au) Call 0459 398 111 to confirm order.
2. For **all other** ordering/delivery timeframes, email this form to [customerservice@onelink.com.au](mailto:customerservice@onelink.com.au) and copy [vaccineorders@health.wa.gov.au](mailto:vaccineorders@health.wa.gov.au) Call 1800 014 207 during office hours to confirm order.

### Order

\_\_\_\_\_ x 2 mL vials of human rabies immunoglobulin (HRIG dosage = 20 IU/kg, HRIG concentration = 150 IU/mL)

\_\_\_\_\_ x vials of human rabies vaccine **Egg allergy vaccine required (Merieux/Verorab)?** Yes No

**Attending doctor's name** \_\_\_\_\_ Phone \_\_\_\_\_

**Practice/hospital name** \_\_\_\_\_ Fax \_\_\_\_\_

**Delivery address** \_\_\_\_\_

Postcode \_\_\_\_\_

**Delivery required (tick box)** Urgent Date \_\_\_\_\_ Time \_\_\_\_\_ am pm

Not Urgent Date \_\_\_\_\_ Time \_\_\_\_\_ am pm

**Subsequent order (if required)** Note: This is only required if needed for subsequent treatment at different location.

\_\_\_\_\_ x 2 mL vials of human rabies immunoglobulin

\_\_\_\_\_ x vials of human rabies vaccine **Egg allergy vaccine required (Merieux/Verorab)?** Yes No

**Attending doctor's name** \_\_\_\_\_ Phone \_\_\_\_\_

**Practice/hospital name** \_\_\_\_\_ Fax \_\_\_\_\_

**Delivery address** \_\_\_\_\_

Postcode \_\_\_\_\_

**Delivery required (tick box)** Urgent Date \_\_\_\_\_ Time \_\_\_\_\_ am pm

Not urgent Date \_\_\_\_\_ Time \_\_\_\_\_ am pm

**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 Name \_\_\_\_\_  
(PHU or CDCD)

Date \_\_\_\_\_ Time \_\_\_\_\_ am pm CDCD