HOME ADMINISTRATION PROGRAM PRODUCT REQUISITION

Transfusion Medicine Service
Royal University Hospital
103 Hospital Drive
Saskatoon, SK S7N 0W8
Phone: 306-655-2179 Fax: 306-655-2222

Saskatchewan Bleeding Disorders Program
(for Hemophilia, von Willebrand and platelet disorder patients only)
Box 113, Royal University Hospital
103 Hospital Drive
Saskatoon, SK S7N 0W8
Phone: 306-655-6504 Fax: 306-655-6426

Recipient Information

FIRST NAME: _____

LAST NAME: _____

HSN: _____

DOB: _____

Address: _____

City: _____

Postal Code: _____

Phone Number: _____

Diagnosis:

□ Bleeding disorder: _____
□ Hereditary Angioedema (HAE)
□ Primary Immune Deficiency
□ Other:

Product Name:

Frequency:

□ Prophylactic: □ No
□ Yes: _____
(eg. monthly x 4 months)
□ On demand (as required)

Issuing Transfusion Lab:

□ Royal University Hospital
□ Humboldt
□ Other:

Specific Orders:

Usual Dose: _____ units or grams/dose/week

Issue:

_____ boxes of _____ units or grams/vial

_____ boxes of _____ units or grams/vial

_____ boxes of _____ units or grams/vial

Refill until: _____ _____
Month Year

Comments:

Weight (kg):

Physician's Signature:

Physician's Printed Name:

Date (DDMMYYYY):

Physician Phone Number:

Contact Person:

□ Patient, as above
□ _____
(Parent/ Caregiver, if different from patient)

Phone Number: _____

Notes:

- *The Transfusion Medicine Service requires a minimum of 1 week notice for patient stock replacement.*
- *A maximum 2 month product supply will be issued per pick-up.*
- *This prescription expires 1 year from the date of issue.*