

# CANADIAN BLOOD SERVICES SASKATCHEWAN CENTRE



## UTILIZATION OF Rh IMMUNE GLOBULIN

### PATIENT INFORMATION

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SURNAME \_\_\_\_\_

GIVEN NAME \_\_\_\_\_

DATE OF BIRTH \_\_\_\_\_  
(YYYY-MM-DD)

PHN \_\_\_\_\_

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HOSPITAL \_\_\_\_\_

DATE RhIG INJECTED \_\_\_\_\_

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Please complete this form and return to:

Canadian Blood Services  
Saskatchewan Centre - Perinatal Receiving  
2571 Broad Street, P.O. Box 1185  
Regina, SK S4P 3B4