

ONTARIO
RESPIRATORY SYNCYTIAL VIRUS (RSV) PROPHYLAXIS REQUEST FORM

Version 09 2007-Ontario

Patient Reference #

Determined by Manufacturer

Date of Request: ___ / ___ / ___
Day Month Year

PATIENT INFORMATION

Patient Initials: [][][][][][]

Province of Residence: _____

Date of Birth: ___ / ___ / ___
Day Month Year

Male

Female

Present Weight: _____ g

Synagis® Total # of 100 mg vials required: _____
Total # of 50 mg vials required: _____

Note: Dose is 15 mg / kg, as per
Product Monograph

1cc and 3cc Integra syringes are available through Abbott Laboratories – Please contact your Abbott representative for quantities needed.

PHYSICIAN INFORMATION (All fields mandatory)

Last Name: _____ First Name: _____

Institution Name: _____ Address: _____
Number Street

City: _____ Province: _____ Postal Code: _____

Telephone: _____ Fax: _____
Number Extension

Form Completed by: _____ Name _____
Provincial Medical License #: _____
Medical Specialty (optional): _____

INDICATION FOR USE

Infant born prematurely at ≤ 32 completed weeks gestation and aged ≤ 6 months at the start of, or during, the local RSV season.

Gestational Age: ≤ 28 weeks 29 weeks 30 weeks 31 weeks 32 weeks

Patient < 24 months of age with bronchopulmonary dysplasia/chronic lung disease and who have required oxygen and/or medical therapy within the 6 months preceding the RSV season.

Age: ≤ 1 year old Between 1 and 2 years old

Children < 24 months of age with hemodynamically significant cyanotic or acyanotic congenital heart disease (requiring corrective surgery or on cardiac medication for hemodynamic considerations)

MANDATORY: Indicate specific diagnosis and or cardiac medications: _____

Other: Requires additional documentation/information before request can be processed:

33 – 35 completed weeks gestation and aged ≤ 6 months at the start of, or during, the local RSV season and who live in isolated communities where hospital care is not readily accessible. Provide first 3 digits of Patient's postal code: _____

Other 33 – 35 completed weeks gestation and aged ≤ 6 months at the start of, or during, the local RSV season. Use Risk Assessment Tool.

Special Diagnosis: Requires the following documentation:

1. Letter from requesting physician providing medical justification for request **and**
2. Letter from infectious disease specialist or neonatologist or respirologist supporting the request.

Shipping address (First dose, if different from above): _____

Shipping address (Subsequent doses): _____

**Please fax this completed request form to:
Abbott Laboratories Ltd at 514 832-7251 or 1-800-513-7337**