

For non-neurology use only

Patient Name
 Patient Hospital/Medical Record#
 D.O.B.(YYYY-MM-DD)
 Gender
 Location
 Ontario Health Insurance#

ALL FIELDS BELOW ARE MANDATORY

Date Requested: (YYYY-MM-DD)	Treating Physician:
Date Required: (YYYY-MM-DD)	Physician Specialty:
Hospital where patient will receive IG.	Physician Phone #:

Dosage Information: (Verification of dose using [Dose Calculator](#) tool is recommended)

<input type="checkbox"/> Intravenous IG (IVIG)		<input type="checkbox"/> Subcutaneous IG (SCIG)	
Patient Weight: _____ kg	Patient Height: _____ cm	BMI: _____	Dose must be adjusted for BMI greater than or equal to 30
<input type="checkbox"/> Induction/One-time dose	g/kg = Total dose of _____	g; divided over _____	days
<input type="checkbox"/> Maintenance dose	g/kg = Total dose of _____	g; divided over _____	days; every _____ weeks; Duration: _____ months
Dose Calculator Used? <input type="checkbox"/> Yes <input type="checkbox"/> No If No, why was it not used			
IgG level/Platelet count/other test results relevant to patient condition: Result: _____ Date: (YYYY-MM-DD)			

Clinical indication for use: Refer to [Ontario IG Management Utilization Guidelines](#) for additional indications where IG may be appropriate.

Specialty	
Hematology	<input type="checkbox"/> Fetal/Neonatal Alloimmune Thrombocytopenia (F/NAIT)
	<input type="checkbox"/> Hemolytic Disease of the Fetus and Newborn (HDFN)
	<input type="checkbox"/> Immune Thrombocytopenia (ITP) <input type="checkbox"/> Adult <input type="checkbox"/> Pediatric
	<input type="checkbox"/> Post-transfusion Purpura
Dermatology	<input type="checkbox"/> Pemphigus Vulgaris (PV) and Variants
Rheumatology: Pediatric	<input type="checkbox"/> Juvenile Idiopathic Inflammatory Myopathy (J-IIM) (previously Juvenile Dermatomyositis)
	<input type="checkbox"/> Kawasaki Disease (KD)
Rheumatology: Adult	<input type="checkbox"/> Idiopathic Inflammatory Myopathy (IIM) Includes Dermatomyositis and Polymyositis
Immunology	<input type="checkbox"/> Primary Immune Deficiency (PID)
	<input type="checkbox"/> Secondary Immune Deficiency (SID)
	<input type="checkbox"/> Hematopoietic Stem Cell Transplant in primary immunodeficiencies
Solid Organ Transplant	<input type="checkbox"/> Kidney transplant from living donor to whom the patient is sensitized
	<input type="checkbox"/> Pre-transplant (Heart)
	<input type="checkbox"/> Peri-transplant (heart, lung, kidney, pancreas)
	<input type="checkbox"/> Post-transplant
Infectious Disease	<input type="checkbox"/> Invasive Group A streptococcal fasciitis with associated toxic shock
	<input type="checkbox"/> Staphylococcal Toxic Shock
*OTHER (requires approval)	

For Transfusion Medicine Use Only

<input type="checkbox"/> Dose verified <input type="checkbox"/> Dose adjusted to:	By (signature req'd):
<input type="checkbox"/> Confirmed with ordering physician	Date:
<input type="checkbox"/> Approved <input type="checkbox"/> Denied	Date:
Signature of Approving Physician:	

Medical Condition	Suggested initial dose and duration
Fetal/Neonatal Alloimmune Thrombocytopenia (F/NAIT)	<p><i>Maternal:</i> Previous fetus with intracranial hemorrhage: Up to 2 g/kg/week starting as early as 12-16 weeks gestation.</p> <p>No previous fetus with intracranial hemorrhage: Up to 1 g/kg/week. Starting as early as 20 -26 weeks current gestation.</p> <p><i>Infant:</i> Initial dose of 1 g/kg reassess following initial dose.</p>
Hemolytic Disease of the Fetus and Newborn (HDFN)	0.5 g/kg over 4 hours
Immune Thrombocytopenia (ITP) Adult	<p><i>Acute:</i> 1 g/kg as a single dose. Repeat if PLT count does not respond i.e. still less than 30×10^9 /L.</p> <p><i>Chronic:</i> In consultation with a hematologist, as adjunctive therapy or where other therapies have failed or are not appropriate. Consider 1-2 g/kg. The use of regular IVIG as a treatment for chronic ITP should be considered as exceptional and alternative approaches (e .g. splenectomy, rituximab, thrombopoietin receptor agonists) should be considered.</p>
Immune Thrombocytopenia (ITP) Pediatric	For patients who require treatment, a single dose of IVIG may be considered a front-line treatment (0 .8 to 1 g/kg). A second dose can be repeated if there is no clinical response. IVIG will result in a faster increment in platelet count compared with steroids. In emergent management, IVIG is recommended as part of multimodal therapy
Post-transfusion Purpura	Up to 2 g/kg divided over 2 to 5 consecutive days. Repeat if necessary; for short term use.
Pemphigus Vulgaris (PV) and variants	Total dose of 2 g/kg divided over 2 to 5 days every 4 weeks. Dose every 6 weeks after 6 months of therapy.
Juvenile Idiopathic Inflammatory Myopathy (J-IIM) (previously Juvenile Dermatomyositis)	<p><i>Initial dose:</i> Total dose of 2 g/kg divided over 2 days.</p> <p><i>Maintenance dose:</i> A systematic approach should be taken to determine minimum effective dose. Continued use should be based on objective measures of sustained effectiveness.</p> <p>Maximum dose should not exceed 2 g/kg.</p>
Kawasaki Disease (KD)	2 g/kg for 1 day (second dose can be given for patients that fail to respond to initial dose).
Idiopathic Inflammatory Myopathy (IIM) Includes Dermatomyositis and Polymyositis * does not include Inclusion Body Myositis	Maximum dose is 2 g/kg to be given over 2 days initially monthly for 3-6 months and if effective to be continued at decreasing frequency (determine minimum effective dose) over approximately 2 years. Survival of patients with IIM has been shown to be substantially improved in patients given IVIG.
Primary Immune Deficiency (PID) Secondary Immune Deficiency (SID)	<p><i>Adult:</i> 0.4-0.6 g/kg every 3-4 weeks</p> <p><i>Pediatric:</i> 0.3-0.6 g/kg every 3-4 weeks Doses or frequency to be adjusted by experts according to desired trough level (more than 500 mg/dL and ideally 700 mg/dL) and according to individual patient clinical needs.</p>
Hematopoietic Stem Cell Transplant in primary immunodeficiency	0.4-0.6 g/kg every 3-4 weeks; requirements may increase and should be based on clinical outcome.
Kidney transplant from living donor to whom the patient is sensitized	2 g/kg/month for 4 months.
Pre-transplant (Heart)	Suggested dose up to 1 g/kg/month until transplant.
Peri-transplant (heart, lung, kidney, pancreas)	Suggested dose 1 g/kg can give as divided doses if in association with a course of plasmapheresis.
Post-transplant	<p><i>Acute:</i> 1 g/kg/dose. Can be given as divided doses if in association with a course of plasmapheresis.</p> <p><i>Chronic:</i> 1 g/kg/month.</p>
Invasive Group A streptococcal fasciitis with associated toxic shock	1 g/kg on day one and 0 .5 g/kg per day on days 2 and 3 OR 0.15 g/kg per day for 5 days .
Staphylococcal Toxic Shock	

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If you are unsure of the process for IVIG requests refer to "[Use of the IG Request Form](#)"