**Subcutaneous Immune Globulin (SCIG) Home Infusion**

**Patient Consent and Participation Agreement**

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(patient’s or caregiver’s name) understand that SCIG is a human blood product.

Dr \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ has informed me of the potential benefits, risks, advantages and disadvantages of SCIG home infusion therapy. I hereby consent to transfusion of SCIG.

I am aware that the costs of SCIg are covered by the Canadian Blood Services, but that I am responsible for the costs of the infusion supplies (needles, tubing etc)

I realize that to be successful in home infusion of SCIG I will need to complete a training program. I have read the information provided on SCIG home infusion and I understand the benefits, risks and alternatives to SCIG home infusion.

By signing below, I agree:

1. To attend initial training sessions as required
2. To obtain, transport and store SCIG according to instructions
3. To carry out the infusions as instructed
4. To keep accurate infusion logs and to return completed logs to the SCIG Home Infusion Program (Transfusion Safety Officer)
5. To contact the IV Therapy Clinic if there are any concerns with my infusion technique or any questions about technique that I would like clarified
6. To demonstrate knowledge of possible adverse reactions to SCIG and how to manage them should they occur
7. To report any major adverse events immediately to the IV Therapy Clinic nurse
8. To attend annual follow-up appointments with my Immunologist and to undergo periodic laboratory testing as required

I acknowledge that I can be withdrawn from the SCIG Home Infusion Program at any time if I fail to adhere to the above or to any other requirements of the Program.

**Patient’s signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Physician’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (print)**

**Physician’s Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**