

Patient Participation Agreement Form

Physician Information

Patient Information

PARTICIPATION AGREEMENT - I will -

- Obtain, transport and store IVIG according to instructions
- Arrange to carry out the infusions as instructed
- Keep accurate infusion notes to provide to my Ontario physician
- Report to the appropriate health care provider any possible adverse reactions to IVIG and seek treatment if necessary
- Be responsible for any expenses incurred by out of Ontario infusion of IVIG
- Ensure these parameters are met, or I will not receive any further IVIG

I acknowledge that IVIG for out of Ontario infusion can be withdrawn at any time if I fail to adhere to the above or to any other requirements, or if unmanageable complications of IVIG infusion therapy occur.

X

Signature of patient

Date & time of signature

If applicable:

Signature of Caregiver

Date

Print Caregiver's Name

****Caregiver: Retain a copy for your records and give one to the patient****