**Midwife Practice Group**

**Address**

# Record of Rh Immune Globulin Administration

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| **Client Name (Last, First)** | **Date of Birth (DD/MM/YYYY)** | **Health Card Number** | **Product Name** | **Product Lot number** | **Expiry date** | **Dose (µg)** | **Date Given (DD/MM/YYYY)** | **Given by Print name (initials)** |
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