**Midwife Practice Group**

**Address**

# Record of Rh Immune Globulin Storage and Transport

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| --- | --- | --- | --- | --- | --- | --- | --- |
| Product Name | Lot Number | Expiry Date dd/mm/yyyy | Dispensing Facility | Person dispensing RhIG | Issued in controlled container? Y/N | Packing Configuration intact?  Y/N | Receiving Midwife |
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