

# VOLUME EXPANDERS AND IMMUNE GLOBULINS ORDER FORM



## ALL ORDERS MUST BE FAXED

Site: \_\_\_\_\_

Hospital/Customer: \_\_\_\_\_ Phone /Fax: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_

City/Town: \_\_\_\_\_ Requested By: \_\_\_\_\_

Delivery Priority: Routine  ASAP  \*STAT  [\*STAT orders must be faxed and phoned]

Delivery Mode: \_\_\_\_\_ Date Needed: \_\_\_\_\_ Ship to Location: \_\_\_\_\_

Comments:

Please indicate if substitution of specified products is acceptable: Yes  No

| CBS Code                                   | Product/Manufacturer                | Vial Size      | Vials per case | # of Vials | To Be Filled (For CBS Use Only) |
|--|-------------------------------------|----------------|----------------|------------|---------------------------------|
| <b>VOLUME EXPANDERS (Albumin)</b>          |                                     |                |                |            |                                 |
| OAL0505CU                                  | Plasbumin® 5%, Grifols              | 50 mL          | 25             |            |                                 |
| 1000104727                                 | Alburex® 5%, CSL Behring            | 250 mL         | 10             |            |                                 |
| 1000104824                                 | Alburex® 5%, CSL Behring            | 500 mL         | 10             |            |                                 |
| OAL0550CC                                  | Albumin® 5%, Grifols                |                | 12             |            |                                 |
| 1000105042                                 | Alburex® 25%, CSL Behring           | 50 mL          | 10             |            |                                 |
| 1000104673                                 | Alburex® 25%, CSL Behring           | 100 mL         | 10             |            |                                 |
| OAL2510CC                                  | Albumin® 25%, Grifols               |                | 25             |            |                                 |
| <b>HYPERIMMUNE / Other IMMUNE GLOBULIN</b> |                                     |                |                |            |                                 |
| CTY02.5MP                                  | CytoGam®, Anti-CMV IG, Kamada       | 2.5 g          | 10             |            |                                 |
| 1000107895                                 | GamaSTAN®, IMIG, Grifols            | 2 mL           | 25             |            |                                 |
| 1000104696                                 | HepaGam B™, Anti-HBIG, Kamada       | 1 mL           | 10             |            |                                 |
| 1000104697                                 | HepaGam B™, Anti-HBIG, Kamada       | 5 mL           | 10             |            |                                 |
| 1000104656                                 | HyperHEP B® S/D, Anti-HBIG, Grifols | 0.5 mL Syringe | 50             |            |                                 |
| HHB05.0TA                                  | HyperHEP B® S/D, Anti-HBIG, Grifols | 5 mL           | 50             |            |                                 |
| WRF0120WP                                  | WinRho® SDF, Anti-D IG, Kamada      | 600 IU         | 10             |            |                                 |
| WRF0300WP                                  | WinRho® SDF, Anti-D IG, Kamada      | 1500 IU        | 10             |            |                                 |
| WRF1000WP                                  | WinRho® SDF, Anti-D IG, Kamada      | 5000 IU        | 20             |            |                                 |
| VZG0125CA                                  | VariZIG™, Anti-VZIG, Kamada         | 125 IU         | 20             |            |                                 |

For CBS Use Only Sales order # \_\_\_\_\_ Order Entered by (Initials) \_\_\_\_\_ Date \_\_\_\_\_

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F801720 (Revision 5)  
Legacy # F802236

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|  |                                     |
|--|-------------------------------------|
| <b>TOTAL Ig Order – in grams</b>   | <b>ALL ALLOCATIONS UNDER REVIEW</b> |
| CBS may allocate percentage (%) of each Ig product as per current inventory proportion |                                     |

| CBS Code                           | Product/Manufacturer                           | Vial Size | Vials per case | # of Vials | To Be Filled (For CBS Use Only) |
|------------------------------------|--|-----------|----------------|------------|---------------------------------|
| <b>INTRAVENOUS IMMUNE GLOBULIN</b> |  |           |                |            |                                 |
| 1000104597                         | Gammagard Liquid® 10%, Takeda                  | 2.5 g     | 40             |            |                                 |
| 1000104599                         | Gammagard Liquid® 10%, Takeda                  | 5 g       | 40             |            |                                 |
| 1000104600                         | Gammagard Liquid® 10%, Takeda                  | 10 g      | 24             |            |                                 |
| 1000104601                         | Gammagard Liquid® 10%, Takeda                  | 20 g      | 24             |            |                                 |
| 1000105664                         | Gammagard Liquid® 10%, Takeda                  | 30 g      | 18             |            |                                 |
| BIV05.0BA                          | Gammagard® S/D, Takeda                         | 5 g       | 18             |            |                                 |
| GIX02.5CU                          | Gamunex® 10%, Grifols                          | 2.5 g     | 25             |            |                                 |
| GIX05.0CU                          | Gamunex® 10%, Grifols                          | 5 g       | 25             |            |                                 |
| GIX10.0CU                          | Gamunex® 10%, Grifols                          | 10 g      | 25             |            |                                 |
| IGX20.0CC<br>GIX20.0CU             | IGIVnex® 10%, Grifols<br>Gamunex® 10%, Grifols | 20 g      | 12             |            |                                 |
| 1000106506                         | Privigen® 10%, CSL Behring                     | 2.5 g     | 10             |            |                                 |
| 1000104980                         | Privigen® 10%, CSL Behring                     | 5 g       | 10             |            |                                 |
| 1000104982                         | Privigen® 10%, CSL Behring                     | 10 g      | 10             |            |                                 |
| 1000104983                         | Privigen® 10%, CSL Behring                     | 20 g      | 10             |            |                                 |
| 1000106583                         | Privigen® 10%, CSL Behring                     | 40 g      | 10             |            |                                 |
| 1000107153                         | Panzyga® 10%, Octapharma                       | 5 g       | 100            |            |                                 |

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| <b>INTRAVENOUS IMMUNE GLOBULIN</b> |                          |           |                |            |                                 |
| 1000107154                         | Panzyga® 10%, Octapharma | 10 g      | 60             |            |                                 |
| 1000107155                         | Panzyga® 10%, Octapharma | 20 g      | 20             |            |                                 |
| 1000107156                         | Panzyga® 10%, Octapharma | 30 g      | 20             |            |                                 |
| 1000108015                         | Octagam® 10%, Octapharma | 2 g       | 84             |            |                                 |
| OCT05.0OC                          | Octagam® 10%, Octapharma | 5 g       | 100            |            |                                 |
| OCT10.0OC                          | Octagam® 10%, Octapharma | 10 g      | 60             |            |                                 |
| 1000106514                         | Octagam® 10%, Octapharma | 20 g      | 20             |            |                                 |
| 1000108017                         | Octagam® 10%, Octapharma | 30 g      | 20             |            |                                 |

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|-------------------------------------|---|--------------|----------------|------------|---------------------------------|
| <b>SUBCUTANEOUS IMMUNE GLOBULIN</b> |   |              |                |            |                                 |
| 1000107290                          | Hizentra® 20% Pre-Filled Syringe, CSL Behring | 1 g / 5 mL   | 30             |            |                                 |
| 1000107289                          | Hizentra® 20% Pre-Filled Syringe, CSL Behring | 2 g / 10 mL  | 30             |            |                                 |
| 1000108062                          | Hizentra® 20% Pre-Filled Syringe, CSL Behring | 4g / 20 mL   | 42             |            |                                 |
| 1000109436                          | Hizentra® 20% Pre-Filled Syringe, CSL Behring | 10g/50 mL    | 18             |            |                                 |
| 1000106690                          | Hizentra® 20%, CSL Behring                    | 10 g / 50 mL | 10             |            |                                 |
| 1000107365                          | Cuvitru® 20%, Takeda                          | 1 g / 5 mL   | 40             |            |                                 |
| 1000107366                          | Cuvitru® 20%, Takeda                          | 2 g / 10 mL  | 40             |            |                                 |
| 1000107367                          | Cuvitru® 20%, Takeda                          | 4 g / 20 mL  | 40             |            |                                 |
| 1000107368                          | Cuvitru® 20%, Takeda                          | 8 g / 40 mL  | 40             |            |                                 |
| 1000108200                          | Cuvitru® 20%, Takeda                          | 10g / 50 mL  | 40             |            |                                 |
| 1000107489                          | Cutaquig® 16.5%, Octapharma                   | 1 g / 6 mL   | 10             |            |                                 |

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|-------------------------------------|-----------------------------|--------------|----------------|------------|---------------------------------|
| <b>SUBCUTANEOUS IMMUNE GLOBULIN</b> |                             |              |                |            |                                 |
| 1000107490                          | Cutaquig® 16.5%, Octapharma | 2 g / 12 mL  | 0              |            |                                 |
| 1000107487                          | Cutaquig® 16.5%, Octapharma | 4 g / 24 mL  | 10             |            |                                 |
| 1000107488                          | Cutaquig® 16.5%, Octapharma | 8 g / 48 mL  | 10             |            |                                 |
| 1000109376                          | HyQvia 10% 2.5g, Takeda     | 2.5g / 25 mL | 36             |            |                                 |
| 1000109377                          | HyQvia 10% 5g, Takeda       | 5g / 50 mL   | 36             |            |                                 |
| 1000109378                          | HyQvia 10% 10g, Takeda      | 10g / 100 mL | 18             |            |                                 |
| 1000109379                          | HyQvia 10% 20g, Takeda      | 20g / 200 mL | 12             |            |                                 |
| 1000109380                          | HyQvia 10% 30g, Takeda      | 30g / 300 mL | 12             |            |                                 |

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| CBS SITE                            | PHONE NUMBER                         | FAX NUMBER                           |
|-------------------------------------|--------------------------------------|--------------------------------------|
| British Columbia                    | 604-876-7219                         | 604-879-6669                         |
| Brampton                            | 1-877-229-6433                       | 1-888-334-4554                       |
| Calgary                             | 403-410-2737                         | 403-410-2791                         |
| Dartmouth                           | 1-855-352-5663<br>local 902-480-5678 | 1-855-305-6904<br>local 902-480-5677 |
| Edmonton                            | 780-431-0777                         | 780-433-4478                         |
| Newfoundland & Labrador             | 1-800-838-6101<br>local 709-758-8072 | 709-758-5322                         |
| Ottawa                              | 613-560-7212                         | 613-560-7199                         |
| Regina                              | 306-347-1606                         | 306-347-1551                         |
| Winnipeg                            | 204-789-1034                         | 204-774-2956                         |
| Head Office<br>(External Customers) | 613-761-3301                         | 613-739-2160                         |

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