VOLUME EXPANDERS AND IMMUNE GLOBULINS ORDER FORM

Canadian Blood Services BLOOD PLASMA STEM CELLS ORGANS & TISSUES

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)
VOLUME EXPANDERS (Albumin)					
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		
HYPERIMMUNE / Other IMMUNE GLOBULIN					
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	10		

For CBS Use Only Sales order #_____ Order Entered by (Initials)_____ Date_____

Orders of Plasma Protein & Related Products must be submitted **at least 1 week** prior to patient use.

Order Forms can be found at https://www.blood.ca/en/hospitals/submitting-product-orders

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TOTAL Ig Order – in grams **CBS may allocate percentage (%) of each Ig product as per current inventory proportion**	**ALL ALLOCATIONS UNDER REVIEW**

CBS Code	Product/Manufacturer	Vial Size	Vials per case	# of Vials	To Be Filled (For CBS Use Only)
INTRAVENOUS IMMUNE GLOBULIN					
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 GIX20.0CU	IGIVnex® 10%, Grifols Gamunex® 10%, Grifols	20 g	12		
1000109648	Gamunex® 10%, Grifols	40g	6		
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		

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CBS Code	Product/Manufacturer	Vial Size	Vials per case	# of Vials	To Be Filled (For CBS Use Only)
INTRAVENOUS IMMUNE GLOBULIN					
1000107153	Panzyga® 10%, Octapharma	5 g	100		
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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CBS Code	Product/Manufacturer	Vial Size	Vials per case	# of Vials	To Be Filled (For CBS Use Only)
SUBCUTANEOUS IMMUNE GLOBULIN					
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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SUBCUTANEOUS IMMUNE GLOBULIN					
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 local 902-480-5678	1-855-305-6904 local 902-480-5677
Edmonton	780-431-0777	780-433-4478
Newfoundland & Labrador	1-800-838-6101 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 (External Customers)	613-761-3301	613-739-2160

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