

# Patient Referral for Treatment – ACTEMRA<sup>®</sup> INFUSION

(tocilizumab)

LIFESCREEN USE ONLY: Patient ID:

**NOTE: FOR NEW ACTiv PATIENTS PLEASE COMPLETE BOTH SIDES OF THIS FORM AND SUBMIT TO LIFESCREEN**

## Step 1: PRESCRIBING DOCTOR details

First name:	Last name:
Clinic address:	
State:	Postcode:
Phone: (0 )	Fax: (0 )
Email:	
Provider number:	

## Step 2: NEW PATIENT INFORMATION (COMPLETE FOR NEW PATIENTS ONLY)

First name:	Last name:
Gender: M <input type="checkbox"/> F <input type="checkbox"/>	Date of birth: DD / MM / YYYY
Mailing address:	
State:	Postcode:
Phone: (0 )	Mobile:
Email:	
Patient's emergency contact. Name:	Phone: (0 )

### Patient History

Has this patient had an ACTEMRA infusion before? No  Yes

Does the patient have any known contraindication to ACTEMRA? No  Yes

Please provide any relevant medical history, including known allergies:

### Pharmacy Services (optional)

Patient has indicated they would like more information about Pharmacy Services provided by Lifescreen No  Yes

## PRESCRIBER ACKNOWLEDGEMENT

I hereby request administration of ACTEMRA to the above patient. I understand that this service is funded by Roche and is only available for patients prescribed and dispensed with ACTEMRA. I understand that in the rare case that a patient displays an acute reaction in the presence of a nurse, during or after an ACTEMRA infusion, the nurse may administer emergency medication in accordance with best practice.

I have explained to my patient they will be contacted by Lifescreen to arrange an appointment for an infusion and they have provided their consent to this. I have also advised the patient that they will be required to sign a formal consent at their appointment.

Lifescreen Australia (ABN 66 010 372 004) ("we", "us" or "our") collect personal information about you in order to complete a referral and administer treatment with ACTEMRA to patients referred to Lifescreen by you, and for the purposes otherwise set out in our Privacy Policy at [www.lifescreen.com.au](http://www.lifescreen.com.au). If you do not provide this information, we may not be able to provide this service to you. This information may be disclosed to third parties that help us deliver our services (including information technology suppliers, communication suppliers and our business partners) or as required by law. The Privacy Policy explains how we will collect, use, store and disclose your personal information, and the way in which you can access and seek correction of your personal information or complain about a breach of the Privacy Act. To obtain further information you can contact us on 1800 686 000 or 1800 673 123. Information on the Lifescreen Privacy Policy is available at [www.lifescreen.com.au](http://www.lifescreen.com.au).

Doctor's Signature:

Date: / /

**NOTE: PLEASE COMPLETE ONLY THIS SIDE OF THE FORM FOR EXISTING ACTIV PATIENTS AND SUBMIT TO LIFESCREEN**

- When a change in dose or treatment is required, or
- To confirm a cessation or recommencement in treatment.

**Step 3: ACTEMRA MEDICATION ADMINISTRATION AUTHORITY (Option A or B to be completed)**

**PATIENT details**

First name:	Last name:
Gender: M <input type="checkbox"/> F <input type="checkbox"/>	Date of birth: DD / MM / YYYY

**A: MEDICATION ORDER**

Medication <b>ACTEMRA</b>	Route <b>IV</b>	Frequency <b>Monthly</b>	Record of ACTEMRA administration		
			Date	Time	Nurse Signature
DOSE _____ mg	Dose start date: DD / MM / YYYY		"LIFESCREEN USE ONLY"		
Note: If requesting an increased dose, confirm that the vial combination on the current prescription will allow this dose					

**B: TREATMENT CESSATION ORDER**

Temporary Treatment Cessation <input type="checkbox"/>	Permanent Treatment Cessation <input type="checkbox"/>
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**PRESCRIBING DOCTOR**

Prescribing Dr Name:	Prescribing Dr Signature:	Date of Order: DD / MM / YYYY
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**Step 4: INFORMATION REQUIRED DUE TO REGULATORY REQUIREMENTS:**

If a change in dose or treatment, is this due to an adverse event (AE)? No  Yes


If YES, the following must be completed:  
Please briefly describe the AE .....

In your opinion, was the AE caused by ACTEMRA? No  Yes

I am able to provide further information if required No  Yes

**Step 5:**

**Send completed form to LIFESCREEN:**

 BY FAX (1800 887 085)

 OR EMAIL (actemra.referral@lifescreeen.com.au)

**FOR FURTHER INFORMATION CALL 1800 INFUSE (1800 463 873)**