

PATIENT ID LABEL

**REQUEST FOR FUNDED ADMINISTRATION of
IV Ferric Carboxymaltose (FERINJECT®) to Treat Iron Deficiency Anaemia**

SECTION ONE: REFERRAL INFORMATION (to be completed by Referrer)

Referral Date:	Organisation Name:
Referring Practitioner:	Signature:
Referrer's contact details – Phone:	Fax:
Patient's contact details – Hm phone:	Cellph:
Patient's usual General Practice Team [or GP/NP]:	
Patient will have infusion at POAC Referral Centre (please tick nominated centre):	
<input type="checkbox"/> Feilding Health Care – fax (06) 323 9690 or Mail@fhc.nz	<input type="checkbox"/> Kauri HealthCare – fax (06) 358 1836 or mail@kaurihealthcare.nz
<input type="checkbox"/> City Doctors White Cross Ltd – fax (06) 359 2563	<input type="checkbox"/> The Palms – fax (06) 354 7757
Other (please specify):	

CLINICAL INFORMATION:	CLINICAL STUDIES:													
Cause of IDA (please specify) Please tick relevant box: <input type="checkbox"/> Investigated <input type="checkbox"/> Under investigation Other relevant clinical notes	Date of tests: ___/___/___ (must be within 2 weeks)													
Reason for not continuing with or giving oral iron: <input type="checkbox"/> Ineffective <input type="checkbox"/> Intolerant <input type="checkbox"/> Compliance issues <input type="checkbox"/> Insufficient time for efficacy	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%;">Haemoglobin</td> <td style="width: 20%;"></td> </tr> <tr> <td>Ferritin</td> <td></td> </tr> <tr> <td>Patient current weight</td> <td></td> </tr> </table>	Haemoglobin		Ferritin		Patient current weight		<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%;"></td> <td style="width: 20%; text-align: center;">Result</td> </tr> <tr> <td></td> <td></td> </tr> <tr> <td></td> <td></td> </tr> </table>		Result				
Haemoglobin														
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CHECKLIST: When referring to a 'POAC Referral Centre', please ensure the following is complete:

Above information is completed in full

Patient is: ≥ 16 years

Assessed as clinically safe and appropriate to be managed in the community

Eligible to access funded New Zealand Health Care Service

Patient fulfils criteria for Pharmac special authority number for iron infusion

If you gained endorsement from a specialist, record the following:

Name of specialist: Date of endorsement:

Read the management & post-procedure sections of the IV Iron Infusion pathway to ensure infusion is appropriate

Will follow-up and manage patient and blood test results post-procedure

Patient [information leaflet](#) provided regarding IV Iron infusion

This form is sent to nominated POAC Referral Centre

Case has been discussed with POAC Referral Centre – ask to speak to POAC Champion

SECTION TWO: INFUSION PROCEDURE CHECKLIST (to be completed by POAC Referral Centre)

Pre-procedure:

Apply for SA and generate script for iron

If you, or the referrer, gained endorsement from a specialist, record the following:

Name of specialist: Date of endorsement:

Contact patient: check they have read patient [information leaflet](#) regarding infusion & advise them to collect script

Procedure:

Patient consent form is completed and signed

Post-procedure:

Patient given follow-up blood test request form (with copy of results to usual GP)

POAC [Transfer of Care/Handover form](#) completed and sent to patient's usual GP