

## Patient Referral for Treatment – ACTEMRA® INJECTION TRAINING (tocilizumab)

OFFICE USE ONLY: Patient ID:

### Step 1: PRESCRIBING DOCTOR details

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

### Step 2: PATIENT details

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:
RELEVANT PATIENT MEDICAL HISTORY, INCLUDING KNOWN ALLERGIES:	

### Step 3: PRESCRIBER ACKNOWLEDGEMENT


I hereby request administration of ACTEMRA to the above patient. Following my clinical assessment and examination, I confirm that the patient has no known contraindication to the administration of ACTEMRA as per the drug's product information. 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 injection training 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 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).

### Step 4: MEDICATION ORDER AND RECORD OF ADMINISTRATION

MEDICATION ORDER				RECORD OF ACTEMRA ADMINISTRATION	
Medication <b>ACTEMRA</b> (tocilizumab)	Route <b>Subcutaneous</b> injection	Dose <b>162mg</b>	Frequency <b>Weekly</b>	Date DD / MM / YYYY	Time
Prescribing Dr Name:				Injection administered by: Patient <input type="checkbox"/> Carer <input type="checkbox"/> Nurse <input type="checkbox"/>	
Prescribing Dr Signature:				Nurse Name:	Nurse Signature:
Date of Order: DD / MM / YYYY					

Send completed form to LIFESCREEN:

 BY FAX (1800 887 085)

 OR EMAIL ([actemra.referral@lifescreen.com.au](mailto:actemra.referral@lifescreen.com.au))