## Allergy & Immunology ENROLLMENT FORM Ph:



allergies:	xxx.xxx.xxx   Fax: xxx.xxx.xxx   altheainfusion.com					INFUSION					
Interceities: Ph: Fax: MIX Office Attheat Location: Phick Paice Service Attheat Location: Patient demographics Face sheet Face s	Patient Name:		DOB: /	/	Height:	Weight:	_kg	Date:	/	/	
Presentiber: Pri: Fax: MD Office Althea Location:  DOCUMENTS TO INCLUDE WITH REFERRAL  - Patient demographics - Face sheet - Insurance information - Labe CDE Orth differential - Labe CDE Orth differential - Authority (Include (IgG, IgA, IgM) - Analtody (IgG, IgM) - Analtody (IgG, IgM) - Analtody (IgM) - Include (IgM) - Inc	Allergies:		Email:			_ Ship to:					
DOCUMENTS TO INCLUDE WITH REFERRAL  DIAGNOSIS  Patient demographics Face sheet Insurance information Lubis: CBO with differential Outside the demographic of the control of	Address:		Ph:			Patie	nt				
- Patient demographics - Face sheet - Insurance information - Labs CRC with differential Quantitative immunoglobulins (g0, IgA, IgM) Antibody itiens (e.g., pneumococcal, testanus) - 1- High screening (Quantiferon or TS1) - 1- High screening (Quantiferon or Hamber) - 1- High screening (Quantiferon or TS1) - 1- High screening (Quantiferon or Hamber) - 1-	Prescriber:	Ph:	Fax:					tion:			
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Insurance information  Labs: CBC with differential  - Quantitative immunoglobulins (IgG, IgA, IgM)  - Antibody titers (e.g., pneumococcal, letanus)  - Antibody titers (e.g., pneumococc	Patient demographics										
Insurance information     Labe: CBC with differentian     Cauanitative immunopibobium (gG, IgA, IgM)     Cantiboty tiers (e.g., neumococcal, tetanus)     Cantiboty tiers (e.g., neumococcoccal, tetanus)     Cantiboty tiers (e.g., neumococcoccoccoccoccoccoccoccoccoccoccocco	Face sheet			Dog	0 Common \/or	iahla lmmunadafia	iona. (	CV(ID)			
- Labs: CBC with differential - Quantitative immunoglobulins (IgG, IgA, IgM) - Antibody titers (e.g., pneumococcal, teanus) - Hopatitis B & C panel -	Insurance information			hency (	CVID)						
- Antibody there (e.g., preumosocoal, totarue) - Hape the B & C panel - Hape the B & C panel - The screening (Jouantieron or TST) - Hill screening - Serum lige or osinophil count (if applicable) - Hape - Medications and therapies tried and failed - Baseline assessment, including detailed patient symptoms - Attach original prescription orders  IMMUNE GLOBULIN PRESCRIPTION (IVIG)  Loading Dose: grams/kg infused over day(s)	Labs: CBC with differential	· ·									
- Heparitis B & C panel - TB screening (Quantiferon or TST) - HIV screening - Serure IB or or esinosphil count (if applicable) - HaP - Serure IB or or esinosphil count (if applicable) - HaP - Medications and therapies tried and failed - Baseline assessment, including detailed patient symptoms - Attach original prescription orders  IMMUNE GLOBULIN PRESCRIPTION (IVIG)  Loading Dose: grams/kg infused over day(s) - grams daily for day(s) - grams											
- TB screening (Quantiferon or TST) - HIV screening - Serum lgE or eosinophil count (if applicable) - H84P - Medications and therapies tried and failed - Baseline assessment, including detailed patient symptoms - Attach original prescription orders  IMMUNE GLOBULIN PRESCRIPTION (IVIG)  Loading Dose: grams/kg infused over day(s) - grams daily for day(s) - grams daily fo											
- Serum IgC or eosinophil count (if applicable) - HAP - Medications and therapies tried and falled - Baseline assessment, including detailed patient symptoms - Attach original prescription orders  IMMUNE GLOBULIN PRESCRIPTION (IVIG)  Loading Dose:	<ul> <li>- TB screening (Quantiferon or TST)</li> </ul>										
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Baseline assessment, including detailed patient symptoms Attach original prescription orders    NAMINUTE GLOBULIN PRESCRIPTION (IVIG)   SUBCUTANEOUS IMMUNE GLOBULIN PRESCRIPTION (SCIG):											
Nation original prescription orders  IMMUNE GLOBULIN PRESCRIPTION (IVIG)  Loading Dose:	·										
Loading Dose:grams/kg infused over day(s)grams daily for day(s)grams daily for day(s)grams daily for day(s)grams daily for day(s)	Baseline assessment, including det	tailed patient symptoms		Otne	r						
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Maintenance:grams daily forday(s)gramsking infused overday(s)gramsking infused overday(s)gramsking infused overday(s)gramsking infused overday(s)	Loading Dose: grams/kg i	infused over day(s)	S	CIG	grams monthly	OR grams	everv	weeks			
Maintenance:grams/kg infused overday(s)	• —										
Repeat course everyweek(s) refill x 1year	<del></del>										
Repeat course everyweek(s) refill x 1year unless ordered otherwise. Non-consecutive days OK  Brand Name:	grams daily	for day(s)									
Brand Name: days to allow scheduling flexibility.  STHMA/IMMUNOLOGY PRESCRIPTION DOSAGE AND ADMINISTRATION  Cinqair® (reslizumab) 3 mg/kg IV every 4 weeks Infuse over 20–50 minutes  Benlysta® (belimumab) LOADING DOSE: 10mg per kg at 2 week intervals for the first 3 doses MAINTENANCE DOSE: 10mg per kg at 4 week intervals thereafter  LOADING DOSE: 900 mg IV once weekly × 4 doses (administered at weeks 0, 1, 2, and 3) MAINTENANCE DOSE: 1200 mg IV every 2 weeks, starting at week 5  Rituxan® (rituximab) Ruxience® (rituximab-povr) Truxima® (rituximab-abbs) MAINTENANCE DOSE: 1,000 mg IV every 6 months  Uplizna® (inebilizumab) LOADING DOSE: 300 mg IV on Day 1 and Day 15 (2 doses, 2 weeks apart) MAINTENANCE DOSE: 300 mg IV every 6 months, starting 6 months after the first infusion  Other  PREMEDICATION ORDERS/OTHER MEDICATIONS  Flush Protocol - Flushing per S.A.S.H. protocol (Saline, Administer medication, Saline, Heparin) specific volumes and concentrations based on patient's line type.	Repeat course every week(s)	refill x 1year									
Cinqair® (reslizumab)  Benlysta® (belimumab)  LOADING DOSE: 10mg per kg at 2 week intervals for the first 3 doses MAINTENANCE DOSE: 10mg per kg at 4 week intervals thereafter  LOADING DOSE: 10mg per kg at 4 week intervals thereafter  LOADING DOSE: 10mg per kg at 4 week intervals thereafter  LOADING DOSE: 10mg per kg at 4 week intervals thereafter  LOADING DOSE: 1200 mg IV once weekly × 4 doses (administered at weeks 0, 1, 2, and 3) MAINTENANCE DOSE: 1200 mg IV every 2 weeks, starting at week 5  Rituxan® (rituximab) Ruxience® (rituximab-pvvr) Truxima® (rituximab-abbs)  LOADING DOSE: 375 mg/m² IV once weekly × 4 doses MAINTENANCE DOSE: 1,000 mg IV every 6 months  LOADING DOSE: 300 mg IV on Day 1 and Day 15 (2 doses, 2 weeks apart) MAINTENANCE DOSE: 300 mg IV every 6 months, starting 6 months after the first infusion  Other  PREMEDICATION ORDERS/OTHER MEDICATIONS  Flush Protocol - Flushing per S.A.S.H. protocol (Saline, Administer medication, Saline, Heparin) specific volumes and concentrations based on patient's line type.	Brand Name:										
Benlysta® (belimumab)  LOADING DOSE: 10mg per kg at 2 week intervals for the first 3 doses  MAINTENANCE DOSE: 10mg per kg at 4 week intervals thereafter  LOADING DOSE: 900 mg IV once weekly × 4 doses (administered at weeks 0, 1, 2, and 3)  MAINTENANCE DOSE: 1200 mg IV every 2 weeks, starting at week 5  Rituxan® (rituximab) Ruxience® (rituximab-pvvr) Truxima® (rituximab-abbs)  LOADING DOSE: 375 mg/m² IV once weekly × 4 doses  MAINTENANCE DOSE: 1,000 mg IV every 6 months  LOADING DOSE: 300 mg IV on Day 1 and Day 15 (2 doses, 2 weeks apart)  MAINTENANCE DOSE: 300 mg IV every 6 months, starting 6 months after the first infusion  Other  PREMEDICATION ORDERS/OTHER MEDICATIONS  Flush Protocol - Flushing per S.A.S.H. protocol (Saline, Administer medication, Saline, Heparin) specific volumes and concentrations based on patient's line type.	ASTHMA/IMMUNOLOGY PRESCRIP	TION DOSAGE AND	ADMINIST	RATIO	N						
Benlysta® (belimumab)  MAINTENANCE DOSE: 10mg per kg at 4 week intervals thereafter  LOADING DOSE: 900 mg IV once weekly × 4 doses (administered at weeks 0, 1, 2, and 3)  MAINTENANCE DOSE: 1200 mg IV every 2 weeks, starting at week 5  Rituxan® (rituximab) Ruxience® (rituximab-pvvr) Truxima® (rituximab-abbs)  LOADING DOSE: 375 mg/m² IV once weekly × 4 doses MAINTENANCE DOSE: 1,000 mg IV every 6 months  LOADING DOSE: 300 mg IV on Day 1 and Day 15 (2 doses, 2 weeks apart) MAINTENANCE DOSE: 300 mg IV every 6 months, starting 6 months after the first infusion  Other  PREMEDICATION ORDERS/OTHER MEDICATIONS  Flush Protocol - Flushing per S.A.S.H. protocol (Saline, Administer medication, Saline, Heparin) specific volumes and concentrations based on patient's line type.	Cinqair® (reslizumab)	3 mg/kg IV every 4 week	s Infuse over 2	20–50 m	inutes						
Soliris® (eculizumab)  LOADING DOSE: 900 mg IV once weekly × 4 doses (administered at weeks 0, 1, 2, and 3)  MAINTENANCE DOSE: 1200 mg IV every 2 weeks, starting at week 5  Rituxan® (rituximab) Ruxience® (rituximab-pvvr) Truxima® (rituximab-abbs)  LOADING DOSE: 375 mg/m² IV once weekly × 4 doses MAINTENANCE DOSE: 1,000 mg IV every 6 months  LOADING DOSE: 300 mg IV on Day 1 and Day 15 (2 doses, 2 weeks apart) MAINTENANCE DOSE: 300 mg IV every 6 months, starting 6 months after the first infusion  Other  PREMEDICATION ORDERS/OTHER MEDICATIONS  Flush Protocol - Flushing per S.A.S.H. protocol (Saline, Administer medication, Saline, Heparin) specific volumes and concentrations based on patient's line type.		LOADING DOSE: 10mg	LOADING DOSE: 10mg per kg at 2 week intervals for the first 3 doses								
Soliris® (eculizumab)  MAINTENANCE DOSE: 1200 mg IV every 2 weeks, starting at week 5  Rituxan® (rituximab) Ruxience® (rituximab-pvvr) Truxima® (rituximab-abbs)  LOADING DOSE: 375 mg/m² IV once weekly × 4 doses MAINTENANCE DOSE: 1,000 mg IV every 6 months  LOADING DOSE: 300 mg IV on Day 1 and Day 15 (2 doses, 2 weeks apart) MAINTENANCE DOSE: 300 mg IV every 6 months, starting 6 months after the first infusion  Other  PREMEDICATION ORDERS/OTHER MEDICATIONS  Flush Protocol - Flushing per S.A.S.H. protocol (Saline, Administer medication, Saline, Heparin) specific volumes and concentrations based on patient's line type.	Benlysta® (belimumab)	MAINTENANCE DOSE:	MAINTENANCE DOSE: 10mg per kg at 4 week intervals thereafter								
MAINTENANCE DOSE: 1200 mg IV every 2 weeks, starting at week 5  Rituxan® (rituximab) Ruxience® (rituximab-pvvr) Truxima® (rituximab-abbs)  LOADING DOSE: 375 mg/m² IV once weekly × 4 doses MAINTENANCE DOSE: 1,000 mg IV every 6 months  LOADING DOSE: 300 mg IV on Day 1 and Day 15 (2 doses, 2 weeks apart) MAINTENANCE DOSE: 300 mg IV every 6 months, starting 6 months after the first infusion  Other  PREMEDICATION ORDERS/OTHER MEDICATIONS  Flush Protocol - Flushing per S.A.S.H. protocol (Saline, Administer medication, Saline, Heparin) specific volumes and concentrations based on patient's line type.	O. P. de O. A. P. B. and D.	LOADING DOSE: 900 m	g IV once wee	kly × 4 d	loses (administere	d at weeks 0, 1, 2,	and 3)				
Ruxience® (rituximab-pvvr) Truxima® (rituximab-abbs)  MAINTENANCE DOSE: 1,000 mg IV every 6 months  LOADING DOSE: 300 mg IV on Day 1 and Day 15 (2 doses, 2 weeks apart)  MAINTENANCE DOSE: 300 mg IV every 6 months, starting 6 months after the first infusion  Other  PREMEDICATION ORDERS/OTHER MEDICATIONS  Flush Protocol - Flushing per S.A.S.H. protocol (Saline, Administer medication, Saline, Heparin) specific volumes and concentrations based on patient's line type.	Solins® (eculizumab)	MAINTENANCE DOSE:	MAINTENANCE DOSE: 1200 mg IV every 2 weeks, starting at week 5								
Ruxience® (rituximab-pvvr) Truxima® (rituximab-abbs)  MAINTENANCE DOSE: 1,000 mg IV every 6 months  LOADING DOSE: 300 mg IV on Day 1 and Day 15 (2 doses, 2 weeks apart)  MAINTENANCE DOSE: 300 mg IV every 6 months, starting 6 months after the first infusion  Other  PREMEDICATION ORDERS/OTHER MEDICATIONS  Flush Protocol - Flushing per S.A.S.H. protocol (Saline, Administer medication, Saline, Heparin) specific volumes and concentrations based on patient's line type.	Dituyan® (rituyimah)	LOADING DOCE: 275 m	LOADING DOSE: 375 ma/m² IV once weekly v 4 doses								
LOADING DOSE: 300 mg IV on Day 1 and Day 15 (2 doses, 2 weeks apart)  MAINTENANCE DOSE: 300 mg IV every 6 months, starting 6 months after the first infusion  Other  PREMEDICATION ORDERS/OTHER MEDICATIONS  Flush Protocol - Flushing per S.A.S.H. protocol (Saline, Administer medication, Saline, Heparin) specific volumes and concentrations based on patient's line type.		LUADING DUSE: 3/5 m	LOADING DOSE: 3/3 mg/m² IV once weekiy x 4 doses								
Uplizna® (inebilizumab)  MAINTENANCE DOSE: 300 mg IV every 6 months, starting 6 months after the first infusion  Other  PREMEDICATION ORDERS/OTHER MEDICATIONS  Flush Protocol - Flushing per S.A.S.H. protocol (Saline, Administer medication, Saline, Heparin) specific volumes and concentrations based on patient's line type.	Truxima® (rituximab-abbs)	MAINTENANCE DOSE:	MAINTENANCE DOSE: 1,000 mg IV every 6 months								
Other  PREMEDICATION ORDERS/OTHER MEDICATIONS  Flush Protocol - Flushing per S.A.S.H. protocol (Saline, Administer medication, Saline, Heparin) specific volumes and concentrations based on patient's line type.		LOADING DOSE: 300 m	g IV on Day 1	and Day	15 (2 doses, 2 w	eeks apart)					
PREMEDICATION ORDERS/OTHER MEDICATIONS  Flush Protocol - Flushing per S.A.S.H. protocol (Saline, Administer medication, Saline, Heparin) specific volumes and concentrations based on patient's line type.	Uplizna® (inebilizumab)	MAINTENANCE DOSE:	MAINTENANCE DOSE: 300 mg IV every 6 months, starting 6 months after the first infusion								
Flush Protocol - Flushing per S.A.S.H. protocol (Saline, Administer medication, Saline, Heparin) specific volumes and concentrations based on patient's line type.	Other										
Flush Protocol - Flushing per S.A.S.H. protocol (Saline, Administer medication, Saline, Heparin) specific volumes and concentrations based on patient's line type.	PREMEDICATION ORDERS/OTHE	ER MEDICATIONS									
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Premedications & Other Medications - Infusion supplies as per protocol. Anaphylaxis Kit orders as per protocol.		irotocoi (Saline, Administer med	ication, Saline	е, нера	rırı) specific volur	nes and concentra	itions ba	asea on pati	ent's	iine	
	Premedications & Other Medications - Ir	nfusion supplies as per protocol	. Anaphylaxis	Kit orde	ers as per protoco	ol.					