Department of Health
GOVERNMENT OF WESTERN AUSTRALIA

Rabies and other lyssaviruses: Immunoglobulin and vaccine order form

This form is **ONLY** for use by (or as directed by) Public Health. To access post-exposure prophylaxis for patients with a potential rabies or Australian bat lyssavirus exposure, clinicians **MUST** contact their Public Health Unit or if after hours call 1800 434 122.

ORDERING PROCESS

Onelink office hours: Mon-Fri 6.30am-4.00pm:

1. If the order is being placed after office hours **and** the delivery is also required after hours:
   - **Public Health only** to email the completed form to priority@onelink.com.au and copy Vaccine Orders and local Public Health Unit
   - forms emailed from other health professionals will **NOT** be accepted
   - **Public Health only** to call (do not text) the after-hours number **0459 398 111** to confirm the order.
2. For all other ordering/delivery timeframes:
   - **Public Health only** to email the form to customerservice@onelink.com.au and copy Vaccine Orders (and local Public Health Unit where applicable)
   - forms emailed from other health professionals will **NOT** be accepted
   - if the order is **urgent or required immediately**, **Public Health only** to call **1800 014 207** to confirm the order.

INITIAL ORDER (INCLUDING REPLACEMENT OF CACHE STOCK)

KamRAB (HRIg – RW0591): _____ x 2mL vials

Verorab (vaccine – RW0588): _____ x vials

(Verorab is suitable for people with egg allergy)

Hospital/practice/service name: _____

Hospital/practice/service address: _____

_____ Postcode: _____

Area receiving delivery: _____

Name of health professional receiving delivery *(if known)*:

Phone number for health professional (or area) receiving delivery:

Date and time delivery required: _____

Patient appointment date/time *(if known and where applicable)*:

◯ **Non-urgent:**
Metropolitan Perth:Orders placed and processed by Onelink **before** 4pm AWST on a business day will be delivered by COB (i.e. 5pm AWST) the following business day.
Regional WA: Orders will be delivered via the next available routine road transport or commercial flight (usually 1-3 days)

◯ **Urgent:** If non-urgent option will not facilitate delivery in time If urgent supply is needed to regional areas, and local region cache stock is not adequate or accessible, please discuss directly with Onelink or Vaccine Orders team

SUBSEQUENT ORDER (TREATMENT AT A DIFFERENT LOCATION)

KamRAB (HRIg – RW0591): _____ x 2mL vials

Verorab (vaccine – RW0588): _____ x vials

(Verorab is suitable for people with egg allergy)

Hospital/practice/service name: _____

Hospital/practice/service address: _____

_____ Postcode: _____

Area receiving delivery: _____

Name of health professional receiving delivery *(if known)*:

Phone number for health professional (or area) receiving delivery:

Date and time delivery required: _____

Patient appointment date/time *(if known and where applicable)*:

◯ **Non-urgent:**
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PUBLIC HEALTH UNIT AUTHORISATION

Public health physician/registrar authorising the supply of the above quantities of human rabies immunoglobulin and/or human rabies vaccine to the area or health professional(s) named above: _____

◯ CDCD or ◯ Public Health Unit (*specify*): _____

Patient initial and last name (*where applicable*): _____

Date: _____