

Tretten 2500 IU CBS Optimal Dosing Form

INFORMATION TO BE PROVIDED BY TREATING PHYSICIAN/HOSPITAL TO CANADIAN
BLOOD SERVICES AT THE END OF MONTH OF TRANSFUSION

Treating Hospital Information:

Hospital Name: _____ Province: _____

Hospital Contact Name: _____ Phone #: _____

Treating Physician Name: _____

Patient Profile: Medical Record/Patient Unique Identification #: _____

Weight range: (kg) ≤ 35 36 - 47 48 - 71 72 - 95

96 - 107 108 - 119 ≥ 120

Weight range: (lb) ≤ 77 78 - 104 105 - 157 158 - 209

210 - 236 237 - 262 ≥ 263

Treatment Plan & Product Issued: *The amount of Tretten is calculated based on body weight.*

For Physician/Authorized Staff Use Only		
TREATMENT DATES	2500 IU VIALS REQUIRED (based on dosing and patient weight)	* QUANTITY TRANSFUSED (measured in IUs)

All information presented will be kept confidential and is used strictly to monitor the use of Tretten throughout Canada. Please fax to Canadian Blood Services, Head Office at 613-739-2160 or scan copy to CSR@blood.ca

Signature: _____

Physicians (or other authorized personnel - e.g. Transfusion Nurse)

Date: _____

yyyy/mm/dd