

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):	
☐ Feilding Health Care – fax (06) 323 9690 or Mail@fhc.nz	☐ Kauri HealthCare – fax (06) 358 1836 or mail@kaurihealthcare.nz
☐ City Doctors White Cross Ltd – fax (06) 359 2563	☐ The Palms – fax (06) 354 7757
Other (please specify):	

CLINICAL INFORMATION:	CLINICAL STUDIES:	
Cause of IDA (please specify)	Date of tests: ____/____/____ (must be within 2 weeks)	
Please tick relevant box: ☐ Investigated ☐ Under investigation		
Other relevant clinical notes	Result	
Reason for not continuing with or giving oral iron:	Haemoglobin	
☐ Ineffective ☐ Intolerant	Ferritin	
☐ Compliance issues	Patient current weight	
☐ Insufficient time for efficacy		

CHECKLIST: When referring to a 'POAC Referral Centre', please ensure the following is complete:

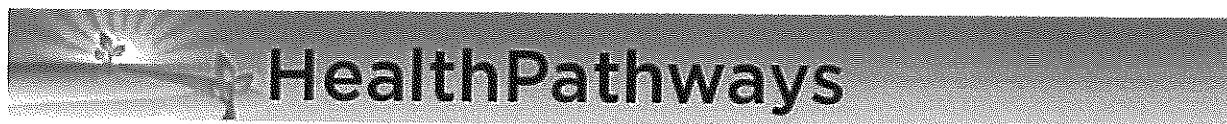
- ☐ Above information is completed in full
- Patient is: ☐ ≥ 16 years
 - ☐ Assessed as clinically safe and appropriate to be managed in the community
 - ☐ Eligible to access funded New Zealand Health Care Service
- ☐ Patient fulfils criteria for Pharmac special authority number for iron infusion
- ☐ If you gained endorsement from a specialist, record the following:

Name of specialist:	Date of endorsement:
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- ☐ 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:
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 - ☐ 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



Informed Consent – Request for Treatment

I, _____ agree that I have received
a reasonable explanation of the intent, risks, and likely outcome of the
operation / treatment of _____
and an explanation of alternative procedures.

I accept the advice of Dr / NP _____ regarding
this operation / treatment, and request that the operation / treatment of
_____ be carried out on myself / my
_____ by _____

Signed _____ (patient) Date: ____ / ____ / ____

Signed _____ (doctor) Date: ____ / ____ / ____