IMPORTANT MEDICAL INFORMATION INSIDE

In case of emergency, or if you find this card, please contact the doctor listed below:

Doctor's Name/Clinic, Center or Hospital Name:	
Telephone contact:	

Daratumumab



daratumumab PATIENTS: Provide this card to healthcare providers BEFORE blood transfusion

Patient ID Card for DARATUMUMAB

Name:	
daratumumab a	ng the following medication: antibody product for the treatment of multiple myeloma
Indirect Coombs to positive results in patie of antibodies to min determination of a pati If an emergency transfit compatible RBCs c use this reference http://onlinelibra	ar Healthcare Provider, est (Indirect antiglobulin test [IAT]) may show into taking daratumumab, even in the absence for blood antigens in the patient's serum. The ent's ABO and Rh blood type are not impacted. usion is required, non-cross-matched, ABO/RHD- an be given per local blood bank practices. e as a source of additional information: any.wiley.com/doi/10.1111/trf.13069/epdf should be reported to the national spontaneous reporting system tions SFDA (National pharmacovigilance and drug safety Center) Or you can contact company scientific office at: Email to: GCC-PV2@its.jnj.com Fax:+966-11-2153190
collected on Blood type: Indirect Coo	daratumumab my blood test results / / were: / MM

Contact details of institution where the blood tests were

performed: _____