

**Post-Exposure Form**

*Thank you for printing information clearly*

**Currently, Imogam® Rabies-HT, Rabies Immune Globulin (Human) USP, Heat Treated is only being shipped directly to customers as needed for use with patients that have documented exposures to rabies that require post-exposure prophylaxis. This measure is necessary to responsibly manage the limited supply of this product. Please fill out this form in its entirety and Sanofi Pasteur will contact you within the next business day regarding shipment.**

Account Name:		Sanofi Pasteur Account Number:
Street Address:		Suite/BLDG#
State and City:	ZIP Code:	
Telephone:	Fax:	
Office E-mail Address:		
ATTN Line for Shipping:		
ATTN Line for Billing:		
Delivery Hours/Days (please include if closed during lunch):		
Is Saturday delivery required? Yes _____ No _____ (If yes, office must be open from 8:00am until 5:00pm)		
Primary Office Contact Person (First and Last Name)	Title:	Purchase Order # (optional):
Physician's Name (Please Print):		Physician Signature: Date:

**For Imogam Rabies-HT Immune Globulin Only**

Number of Patients Exposed to Rabies: \_\_\_\_\_

Please provide the weight of each patient below.

\_\_\_\_\_

Total Number of Imogam Rabies-HT Immune Globulin 2 mL units needed for Post-Exposure Prophylaxis: \_\_\_\_\_

**After filling out this form in its entirety, please send to the following:**

Attention: Sanofi Pasteur Customer Service

Fax Number: **1-877-287-9391**

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