

**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:



**IMPORTANT
MEDICAL INFORMATION
INSIDE**

Daratumumab PATIENTS: Provide this card to healthcare providers BEFORE blood transfusion and carry it for 6 months after treatment has ended

For further information please refer to the Patient Information Leaflet

Patient ID Card for daratumumab

Name: _____

I am taking the following medication:

daratumumab antibody product for the treatment of multiple myeloma

I stopped taking this medication on ____/____/____
DD MM YYYY

Dear Healthcare Provider,

Daratumumab is associated with the risk of interference with blood typing. The Indirect Coombs test (Indirect antiglobulin test [IAT]) may show positive results in patients taking daratumumab, even in the absence of antibodies to minor blood antigens in the patient's serum which may persist for up to 6 months after the last dose. The determination of a patient's ABO and Rh blood type are not impacted.

If an emergency transfusion is required, non-cross-matched, ABO/RHD-compatible RBCs can be given per local blood bank practices.

For more information, please contact local medical information service at Janssen:

Ms Gaby Ganado

Tel: 00356 2397 6000

Email: gganado@its.jnj.com

or use this reference as a source of additional information:

<http://onlinelibrary.wiley.com/doi/10.1111/trf.13069/epdf>

Reporting of side effects:

If you get any side effects, talk to your doctor or nurse. You can also report side effects directly on www.medicinesauthority.gov.mt/adrportal. By reporting side effects you can help provide more information on the safety of this medicine.

Before starting daratumumab my blood test results collected on _____/_____/_____ were:

DD MM YYYY

Blood type: A B AB O Rh+ Rh-

Indirect Coombs test (antibody screen) was:

Negative Positive for the following antibodies:

Other: _____

Contact details of institution where the blood tests were performed: _____

Date of preparation: February 2017
PHMT/DAR/0217/0002