

**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:



DARZALEX[®] ▼

**IMPORTANT
MEDICAL INFORMATION
INSIDE**

Daratumumab PATIENTS:
**Provide this card to health care 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 or AL Amyloidosis

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 any medical information enquires please contact: Ms Gaby Ganado, Phone (24/7): 00356 2397 6888,
Email: medicalaffairs@ammangion.com or use this reference as a source of additional information:
<http://online.library.wiley.com/doi/10.1111/rf.13069/epdf>*

Reporting of side effects:

To report suspected Adverse Reactions, contact AM Mangion on the following:

Phone (24/7): 00356 2397 6333, Email: pv@ammangion.com,

Address: AM Mangion Ltd, Mangion Building, N/S Off Valletta Road, Luqa, LOA 6000, MALTA
If you get any side effects, talk to your doctor or nurse. You can also report side effects directly
via ADR Reporting Website: www.medicinesauthority.gov.mt/adportal.

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: _____

▲ This medicine is subject to additional monitoring. This will allow quick identification of new safety
information. You can help by reporting any side effects you may get.

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