

**Rabies Post-Exposure Form**

*Thank you for printing information clearly*

Currently, in coordination with the Centers for Disease Control and Prevention (CDC), IMOVAX<sup>®</sup> Rabies, Rabies Vaccine is only being shipped directly to customers as needed for use with patients that have documented exposures to rabies that require post-exposure prophylaxis. To obtain IMOVAX rabies vaccine, first contact your Rabies State Health Official so they can conduct a risk-assessment. If your Rabies State Health Official determines that post-exposure prophylaxis is required they will provide you with a Pass Code to place on this form. The form must be filled out in its entirety, including the required physician's signature. Sanofi Pasteur will contact you within the next business day regarding shipment after this form is received with all required information completed. **Note: The Pass Code changes frequently so you will need to contact your Rabies State Health Official to conduct a risk-assessment after each new suspected exposure.**

Facility Name:		Sanofi Pasteur Account Number:  <b><u>PASS CODE:</u></b>
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):

Facility Name:	Sanofi Pasteur Account Number:  _____ <b>PASS CODE:</b>
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Physician's Name (Please Print):	Physician Signature: Date:
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Number of Patients Exposed to Rabies: \_\_\_\_\_

Number of Patients listed above that **HAVE NOT had Pre-Exposure Prophylaxis for Rabies:** \_\_\_\_\_

Total Number of IMOVAX Rabies vaccine Doses Requested for Post-Exposure Prophylaxis: \_\_\_\_\_

Do you need IMOGAM<sup>®</sup> Rabies-HT, Rabies Immune Globulin (Human) USP, Heat Treated shipped with this IMOVAX Rabies vaccine?      \_\_\_\_\_ YES      \_\_\_\_\_ NO

If YES, please provide the weight of each patient below. Thank you.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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

Attention: Sanofi Pasteur Customer Service

Fax Number: 1-866-745-2706