

SNF202213 - Patient Card
165mm(H) x 90mm(W)

INSIDE

WARNING FOR HEALTHCARE PROVIDERS

- Please note this patient is receiving treatment with SARCLISA (isatuximab).
- This patient card contains important safety information that you need to be aware of before, during, and after treatment with isatuximab.
- Treatment with isatuximab binds to CD38 on red blood cells (RBCs) and is associated with a Risk of Interference with blood typing (positive indirect Coombs Test), which may persist for approximately 6 months after the last isatuximab infusion.
- To avoid potential problems with RBC transfusion, you should perform blood type and screen tests prior to the first infusion of isatuximab. Phenotyping may be considered as per local practice.
- If treatment with isatuximab has already started and in the event of a planned transfusion, you should notify the blood bank that the patient is receiving isatuximab and its risk of Interference with Indirect Antiglobulin Tests.
- For additional information on isatuximab, please refer to the Package Insert (PI) <http://www.sanofi.com.sg/products/sarclisa>.

Emergency Contact (Name):

Emergency Contact (Phone):

Patient's Name:

Patient's Date of Birth (DD/MM/YYYY):

Patient's Phone:

(Phone):

(Name):

(DD/MM/YYYY)

MY INFORMATION

SARCLISA™ (isatuximab)

PATIENT CARD

DEAR PATIENT RECEIVING SARCLISA (ISATUXIMAB)

- Provide this card to healthcare providers **before** blood transfusion.
- Keep this card with you at all times and until **6 months** after the last dose of isatuximab.
- If you notice any side effects, talk to your doctor or pharmacist.

MY TREATMENT DETAILS

Please complete this section or ask your doctor to do it.

Isatuximab recommended dose of 10 mg/kg and dosing schedule:

Cycle 1:
Days 1, 8, 15 & 22 (weekly)

Cycle 2 and beyond:
Days 1 & 15 (every 2 weeks)

Start Date
(DD/MM/YYYY)

_____ / _____ / _____

End Date
(DD/MM/YYYY) NA

_____ / _____ / _____

MY BLOOD RESULTS

Before starting isatuximab, the results of my blood test collected on: _____ / _____ / _____
(DD/MM/YYYY)

were:

Blood Type: A B AB O Rh+ Rh-

The result of my indirect antiglobulin test (indirect Coombs test) was:

Negative Positive for the following antibodies: _____

MY DOCTOR'S INFORMATION

In case of emergency, or if you find this card, please contact my doctor using the details below.

Doctor's Name: _____

Doctor's Phone: _____

Patient Card: Version 21 MAR 2021
This document has been approved by HSA as of 17-10-2022
MAT-SG-2200339

sanofi

90mm(W)

90mm(W)







165mm(H)

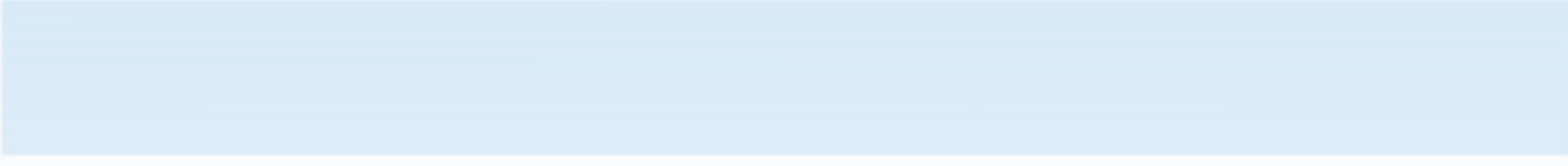
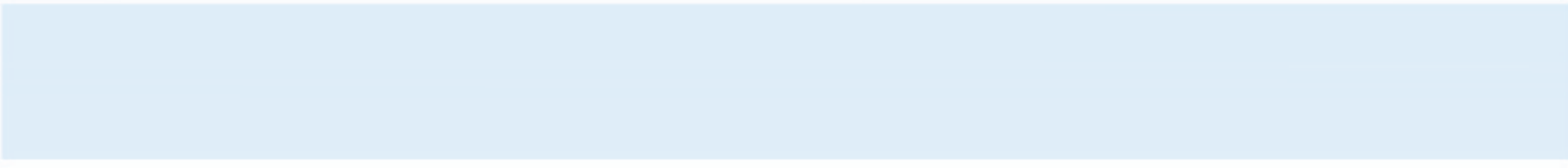
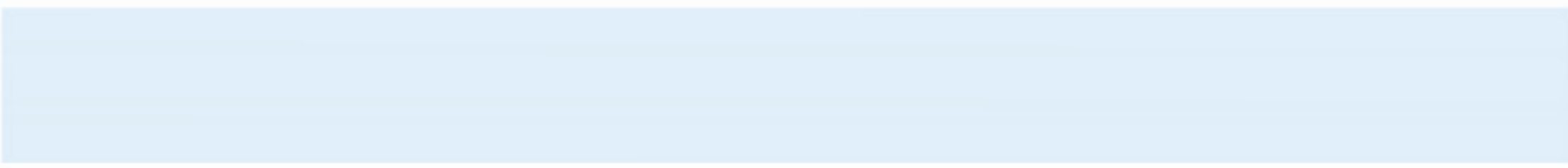
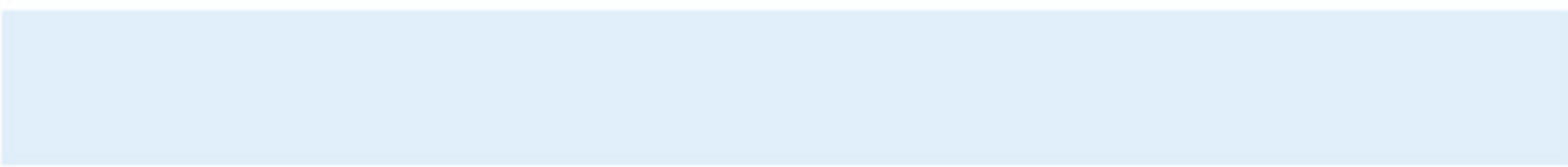
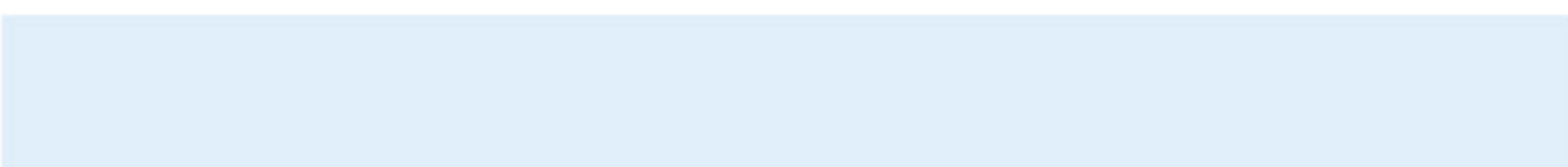
55mm(H)

165mm(H)

55mm(H)

WARNING FOR HEALTHCARE PROVIDERS

-  Please note this patient is receiving treatment with SARCLISA (isatuximab).
-  This patient card contains important safety information that you need to be aware of before, during, and after treatment with isatuximab.
-  Treatment with isatuximab binds to CD38 on red blood cells (RBCs) and is associated with a Risk of Interference with blood typing (positive indirect Coombs Test), which may persist for approximately 6 months after the last isatuximab infusion.
-  To avoid potential problems with RBC transfusion, you should perform blood type and screen tests prior to the first infusion of isatuximab. Phenotyping may be considered as per local practice.
-  If treatment with isatuximab has already started and in the event of a planned transfusion, you should notify the blood bank that the patient is receiving isatuximab and its risk of Interference with Indirect Antiglobulin Tests.
-  For additional information on isatuximab, please refer to the Package Insert (PI) <http://www.sanofi.com.sg/products/sarclisa>.

	Emergency Contact (Phone):
	Emergency Contact (Name):
	Patients' Phone:
	Patients' Date of Birth (DD/MM/YYYY)
	Patients' Name:

MY INFORMATION



PATIENT CARD

DEAR PATIENT RECEIVING SARCLISA (ISATUXIMAB)



Provide this card to healthcare providers **before** blood transfusion.



Keep this card with you at all times and until **6 months** after the last dose of isatuximab.



If you notice any side effects, talk to your doctor or pharmacist.



MY TREATMENT DETAILS

Please complete this section or ask your doctor to do it.

Isatuximab recommended dose of 10 mg/kg and dosing schedule:

Cycle 1:

Days 1, 8, 15 & 22 (weekly)

Cycle 2 and beyond:

Days 1 & 15 (every 2 weeks)

Start Date
(DD/MM/YYYY)

End Date
(DD/MM/YYYY)

NA



MY BLOOD RESULTS

Before starting isatuximab, the results of my blood test collected on:

(DD/MM/YYYY)

were:

Blood Type:

A

B

AB

O

Rh+

Rh-

The result of my indirect antiglobulin test (indirect Coombs test) was:

Negative

Positive for the following antibodies:



MY DOCTOR'S INFORMATION

In case of emergency, or if you find this card, please contact my doctor using the details below.

Doctor's Name:

Doctor's Phone: