

Application for funding of Novoseven



Contact details

Tel: 0860 002 133 • PO Box 10436, Johannesburg, 2000 • www.sabmas.co.za

SAB Medical Aid funds Novoseven for its registered indications and not for off-label indications.

This application from is for when Novoseven has been used in life-threatening bleeds for members who do not have haemophilia.

We will consider funding requests from the member's treating doctor, who must complete the form.

The required clinical information will inform our funding decision.

How to complete this form

1. Please use one letter per block, complete in black ink and print clearly.
2. To avoid administrative delays, please provide all the requested information and sign the form.
3. Please email this completed and signed form with any detailed supporting documents to authorisations@sabmas.co.za.

1. Patient's details

Patient name and surname	<input type="text"/>																		
Membership number	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	Date of event	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Hospital	<input type="text"/>																		
Hospital practice number	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Admission ICD-10 code	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

2. Treating doctor's details

Name	<input type="text"/>																		
Speciality	<input type="text"/>																		
Practice number	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

3. Clinical Details

Event leading to use of Novoseven

<input type="text"/>
<input type="text"/>
<input type="text"/>

Date of event

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------

 Time of event

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
----------------------	----------------------	----------------------	----------------------	----------------------	----------------------

Describe interventions to control surgical bleeding

<input type="text"/>
<input type="text"/>
<input type="text"/>

Massive transfusion before Novoseven

Blood products	Number of units administered	Time
Fresh frozen plasma	<input type="text"/>	<input type="text"/>
Cryoprecipitate	<input type="text"/>	<input type="text"/>
Platelets	<input type="text"/>	<input type="text"/>
Packed cells/whole blood	<input type="text"/>	<input type="text"/>

Number of dose	Time	Dose Given
First		
Second		
Third		

Tests immediately before rFVIIa/ after massive transfusion	Results (please attach all results)	Comments
TEG with increase 'R' time if available		
Haematocrit		
Platelet count		
PH		
Temperature		
Calcium levels		
Fibrinogen		
INR/PTT		

Treatment outcome after administration of rFVIIa

At the end of resuscitation	Tick	Comments
Immediately	Deceased <input type="checkbox"/> or Alive <input type="checkbox"/>	
6 hrs	Deceased <input type="checkbox"/> or Alive <input type="checkbox"/>	
12 hrs	Deceased <input type="checkbox"/> or Alive <input type="checkbox"/>	
24 hrs	Deceased <input type="checkbox"/> or Alive <input type="checkbox"/>	

I confirm that I have checked the accuracy of the information supplied in this application.

Treating doctor's signature

Practice number

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Date signed

D	D	M	M	Y	Y	Y	Y
---	---	---	---	---	---	---	---