

**Rabies Post-Exposure Form**

*Thank you for printing information clearly*

Currently, both IMOVAX® Rabies vaccine and Imogam® Rabies-HT, Rabies Immune Globulin (Human) USP, Heat Treated are only being shipped directly to customers as needed for use with patients that have documented exposures to rabies which require post-exposure prophylaxis. This measure is necessary to responsibly manage the limited supplies of both products. Please fill out this form in its entirety and Sanofi Pasteur will contact you within the next business day regarding shipment.

Account Name:		Sanofi Pasteur Account Number:
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):
Physician's Name (Please Print):		Physician Signature: Date:

Is this request for IMOVAX Rabies vaccine or Imogam Rabies-HT RIG (please circle appropriate product)?

Number of Patients Exposed to Rabies: \_\_\_\_\_

Please provide the weight of each patient below.

\_\_\_\_\_

Total Number of Imogam Rabies-HT RIG 2mL units needed for Post-Exposure Prophylaxis: \_\_\_\_\_

Total Number of IMOVAX Rabies vaccine doses needed for Post-Exposure Prophylaxis: \_\_\_\_\_

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

Attention: Sanofi Pasteur Customer Service

Fax Number: **1-877-287-9391**

MKT25576