**In case of emergency, or if you find this card, please contact the doctor listed below:**

**Prescribing Doctor's Name:**

_____

**Telephone contact:**

_____

Contact details above for the doctor who prescribed daratumumab

Johnson&Johnson

# Important information about blood transfusions: Darzalex® (daratumumab) Patient Alert Card

**Reporting of side effects:** If you get any side effects, talk to your doctor, pharmacist or nurse. This includes any possible side effects not listed in the package leaflet. You can also report side effects directly via HPRA Pharmacovigilance, Website: www.hpra.ie. By reporting side effects you can help provide more information on the safety of this medicine.

Side effects should also be reported to Janssen Sciences Ireland UC, a Johnson and Johnson Company, on +44 1494 567447 or at dsafety@its.jnj.com.

**DARATUMUMAB PATIENTS:** Provide this card to healthcare providers BEFORE blood transfusion and carry it for 6 months after treatment has ended. If you need a blood transfusion, you will have a blood test first to match your blood type. Daratumumab can affect the results of this blood test. Blood banks have been informed of this issue. 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, AL Amyloidosis or smouldering multiple myeloma.

**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 more information, please contact the medical information service at Janssen (call 1800 709 122 or email medinfo@its.jnj.com).*

*Additional information on interference with blood compatibility testing can be found on www.medicines.ie and searching for the DARZALEX® Summary of Product Characteristics.*

**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:**

_____

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