

Logbook for Fabrazyme[®] Home Infusion

Version 1.0 May 2021


Fabrazyme[®]
agalsidase beta

This additional risk minimization
are approved by SFDA

Contact details (to be completed by treating physician)

Emergency Number:

Patient	
Name:	
Birth Date:	
Address:	
Zip / City:	
Telephone:	

Treating physician	
Name:	
Hospital:	
Address:	
Zip / City:	
Telephone:	
Emergency:	

Patient's Caregiver	
Name:	
Address:	
Zip / City:	
Telephone:	

Nurse	
Name:	
Organisation:	
Address:	
Zip / City:	
Telephone:	

Pharmacy	
Name:	
Address:	
Zip / City:	
Telephone:	

Administration details (to be completed by treating physician)

Fabrazyme administered since:	(DD-MM-YYYY):
First infusion at home:	(DD-MM-YYYY):

Fabrazyme dosing regimen	
Dose:	
Frequency:	
Rate of infusion:	
Required reconstituted volume (ml):	
Total volume in infusion bag (ml):	
Pre-treatment medication: (if applicable)	
Reasons for Fabrazyme infusion at home:	
Findings and actions from the initial interview:	
Indicate support to be provided by infusion nurse at home:	

Necessary actions in the event of a serious infusion-associated reaction

(to be completed by treating physician)

1. Stop the infusion

2. Call the national emergency number

Telephone number:

997

3. Call the physician

Telephone number:

Telephone number (24hr):

Name of physician:

Name of clinic:

Total volume in infusion bag (ml):

Address:

4. Emergency medication

Medication, including dose:

5. Patient's contact person to be notified

Name:

Telephone:

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Notes

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For Medical Information, please contact: +966-12-6693318
E-mail: ksa.medicalinformation@sanofi.com

In case of any drug related adverse events, please contact: **The National Pharmacovigilance Center (NPC):**

Fax: +966-11-205-7662
Call Center: 19999
E-mail: npc.drug@sfd.gov.sa
Website: <https://ade.sfd.gov.sa>

For SANOFI Pharmacovigilance center, please contact: +966-544-284-797
E-mail: Ksa_pharmacovigilance@sanofi.com

For extra copies please contact: +966 564095207



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