

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

Doctor's Name/Clinic, Center or Hospital Name:

Telephone contact:

This document has been reviewed and approved by the Saudi Food and Drug Authority (SFDA) September 2024, Version 1.0

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DARATUMAB

**IMPORTANT
INFORMATION ABOUT
BLOOD TRANSFUSIONS**

Patient Reminder Card

Daratumumab PATIENTS: Provide this card to healthcare providers BEFORE blood transfusion and carry it for 6 months after treatment has ended. 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 or AL Amyloidosis

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 full prescribing information, please refer to the datasheet or contact Johnson & Johnson Middle East FZ-LLC (Riyadh)
Address: Prince Muhammed Bin Abdulaziz Rd, Tower B, Level 30, Olaya towers. Office Tel 00966-11-4339133 , Postal
address: P O Box 65305 Riyadh 11556, Saudi Arabia*

For more information, please use this reference as a source of additional information:

<http://onlinelibrary.wiley.com/doi/10.1111/trf.13069/epdf>

*Adverse events reporting guidance: SFDA (National Pharmacovigilance center) Email: npc.drug@sfd.gov.sa
Telephone: 19999 Online: <http://ade.sfd.gov.sa>*

*Tp report Adverse Events/Product Complaint or any Medical Information Inquiries, please contact us at:
Email: GCC-PV2@its.jnj.com , Hotline: 00966540015811*

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: _____