

**IMPORTANT  
MEDICAL INFORMATION  
INSIDE**



**Darzalex 20 mg/ml IV**  
**Darzalex 120 mg/ml SC, 1800 mg**



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

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

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Telephone contact:

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**Darzalex 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 Darzalex**

Name: \_\_\_\_\_

### **I am taking the following medication:**

Daratumumab antibody product for the treatment  
of multiple myeloma

stopped taking this medication \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
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.

**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: \_\_\_\_\_

Reporting suspected adverse reactions to the Ministry of Health by using an online form <https://sideeffects.health.gov.il>. Also report directly to Janssen Company 09-9591111. The Format and content of this Patient Card was checked and approved by the Ministry of Health in July 2021.