

Contact us

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Application for funding of Novoseven

Bankmed Medical Scheme funds Novoseven for its registered indications and not for off-label indications. This application from is for when Novoseven has been used in life-threatening bleeds for members who do not have haemophilla. We will consider funding requests from the member's treating doctor, who must complete the application form. The required clinical information will inform our funding decision.

How to complete this form

- Please use one letter per block, complete with black ink and print clearly
- To avoid administrative delays, please provide all the requested information and sign the form
- Please e-mail the completed form with all required attachments to us at clinical@bankmed.co.za

1. Patient's details																										
Patient name and surname																										
Membership number														D	ate	of	eve	nt	2	0	γ	γ	M	M	D	D
Hospital																										
Hospital practice number						Ac	dmi	ssio	n IC	D-1(D co	de														
2. Treating doctor's of	details																									
Name																										
Speciality																										
Practice number																										
3. Clinical details																										
Event leading to use of rFVIIi																										
		1-1-1																								
Date of event 2 0	Y Y M M	D D									Tir	ne	of e	ver	nt											
Describe interventions to con	ntrol surgica	l bleeding	5																							
																										_

3. Clinical details (continued)

Massive transfusion before rFVIIa					
Blood products	Number of units administered				
Fresh frozen plasma					
Cryoprecipitrate					
Platelets					
Packed cells/whole blood					

Number of dose	Time	Dose given
1st		
2nd		
3rd		

Tests immediately before rFVlla/ after massive transfusion	Results (Please attach all results)	Comments
TEG with increase 'R' time if available		
Haematocrit		
Platelet count		
РН		
Temperature		
Calcium levels		
Fibrinogen		
INR/PTT		

Treatment outcome after administration of rFVIIa												
At the end of resuscitation	Tick		Comments									
Immediately	Deceased 🗌 or	Alive 🗌										
6 hrs	Deceased 🗌 or	Alive 🗌										
12 hrs	Deceased 🗌 or	Alive 🗌										
24 hrs	Deceased 🗌 or	Alive 🗌										

I confirm that I have checked the accuracy of the information supplied in this application.

Treating doctor's signature											
Practice number]
Date signed	2	0	γ	γ	\mathbb{M}	\mathbb{M}	D	D			

0	Y	Y	\mathbb{N}	\mathbb{N}	D	D			

Bankmed Medical Scheme is a registered medical scheme with the Council for Medical Schemes (CMS). The CMS contact details are as follows: e-mail complaints@medicalschemes.com / Customer Care Centre: 0861 123 267 / website www.medicalschemes.com