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

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

Telephone contact:

DARZALEX®
daratumumab

Janssen Oncology
PHARMACEUTICAL COMPANIES OF Johnson&Johnson

EM-99269 May2022

IMPORTANT INFORMATION ABOUT BLOOD TRANSFUSIONS

Reporting of side effects.

Adverse events should be reported. Reporting forms and information can be found at www.mhra.gov.uk/yellowcard or search for MHRA Yellow Card in the Google Play or Apple App Store. Adverse events should also be reported to Janssen-Cilag Limited on 01494 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. For further information, please refer to the Patient Information Leaflet

Patient ID Card for DARATUMUMAB

Name: _____

Date of Birth: _____ NHS number: _____

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 more information, please contact medical information at Janssen 0800 731 8450 or email at: medinfo@its.jnj.com

*Additional information on interference with blood compatibility testing can be found on the emc website: **http://www.medicines.org.uk/emc/** 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 ☐RhD+ ☐RhD-

Indirect Coombs test (antibody screen) was:

☐Negative ☐Positive for the following antibodies:

_____

Other: _____

Contact details of institution where the blood tests were performed: _____