

Mindarie Keys Medical Centre.

I, , understand that the administration of FERINJECT comes with the following risks, including but not limited to:

- Anaphylactic reaction, which in rare cases may be potentially fatal
- Paravenous leakage- leakage of FERINJECT at the injection site, potentially leading to long lasting skin discolouration
- Skin irritations
- Headache, muscle and joint pain
- Tachycardia and Hyper/Hypotension
- Nausea, Abdominal Pain, Constipation, Diarrhoea and Vomiting
- Minor reactions from FERINJECT may last up to 48 hours post injection. Some reactions start 1-2 days later, but usually settle after 2-3 days

Understanding these risks, I give authority for staff at Mindarie Keys Medical Centre to administer all necessary first aid and/or resuscitation measures, including alerting an Ambulance and my Emergency Contact, in the unlikely event that an adverse or anaphylactic reaction occurs. If an Ambulance is called, I consent to bearing all costs involved for ambulance transfer from Mindarie Keys Medical Centre to the nearest Emergency Department.

As FERINJECT is **not suitable** for patients in some conditions, I declare that none of the below listed is applicable:

- Pregnancy in the first trimester
- Under the age of 14 years
- On Dialysis
- Allergy to Ferric Carboxymaltose/known hypersensitivities to iron
- Iron overload/Haemochromatosis
- Non-iron deficiency related anaemia
- Uncontrolled hyperthyroidism
- Suffering from fever/sepsis
- Inflamed Tissues/Ulcers/Infection
- Substance abuse
- Liver disease

I understand the potential side effects as discussed with my GP, & know that I may withdraw my consent to the infusion at any time prior to commencing the infusion. I understand the costs involved for the procedure.

I, , consent to the Intravenous Iron Infusion

Patient/ Gardian Signature: _____ Date:

Patient Name: DOB:

Doctor:

Signature: _____

Provider number:

Date: