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:

_____

DARATUMUMAB

IMPORTANT MEDICAL INFORMATION INSIDE

Date of preparation: October 2021 CP-XXXXX

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 more information, please contact local medical information service at Janssen (**placeholder** to be completed with country details) or use this reference as a source of additional information: http://onlinelibrary.wiley.com/doi/10.1111/trf.13069/epdf*

Additional information on interference with blood compatibility testing can be found on (placeholder for local website, if available, to be completed with country details)

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: __

_____

For full prescribing information, please refer to the data sheet or contact Johnson & Johnson Middle East FZ LLC, Mohamed Bin Rashid Academic Medical Centre – Building 14, Level 7 – Dubai Healthcare City – Dubai 505080, United Arab

Emirates, Tel: +97144297200 Fax: +97144297150.

Adverse events reporting guidance:

To report Adverse Events/Product Complaint, please contact us at

Email: GCC-PV2@its.jnj.com

Hotline: +971559816775