

IMPORTANT
MEDICAL INFORMATION
INSIDE

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**)*

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

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: _____

▲ This medicine is subject to additional monitoring. This will allow quick identification of new safety information. You can help by reporting any side effects you may get by contacting Janssen at PVNEMA@its.jnj.com

**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[▼]

