MOHLTC Immune Globulin Screening Pilot (IGSP)

OUTCOME QUESTIONNAIRE

Patient Last Name:

Patient First Name:

Ontario Health Insurance Number:

Patient's Hospital/Medical Record Number:

Ordering Physician:

Submit this form with the IGSP Request Form in order for the patient to continue receiving IG.

Date of onset of IG therapy: Y Y Y Y /M M /D D	IG Approval Expiry Date (YYYY/MM/DD):
☐ Guillain–Barré Syndrome (GBS) including Miller Fisher Syndrome and other variants	▪ Renewal requests for GBS will be sent for external review. Include: • Severity level : Grade ☐1 ☐2 ☐3 ☐4 ☐5 • Date of onset of symptoms and provide description.
☐ Myasthenia Gravis (MG) treatment	▪ Renewal request for MG will be sent for external review. ▪ Include Severity, if available: ☐ Mild ☐ Moderate ☐ Severe
☐ Chronic Inflammatory Demyelinating Polyneuropathy (CIDP)	▪ Renewal request for CIDP will be sent for external review.
☐ Multifocal Motor Neuropathy (MMN)	▪ Renewal request for MMN will be sent for external review.

☐ Other (please specify the diagnosis): ____________________

These requests will require External Review. Attach a summary (one page maximum) to confirm diagnosis and treatment to date.

1. Explain previous IG treatment (dose/duration):

2. Was the desired clinical outcome achieved? ☐ Yes, please explain ☐No

3. What was the outcome of IG treatment? ☐ Improved ☐Stabilized ☐ Worsened

4. What parameters changed? Please provide details below.

Measurements (e.g. functional limitations, strength score, etc.)	**Pre-Treatment Status**	**Post-treatment Status**
▪		
▪		
▪		
▪		

5. Is this the minimally effective dose for this patient? ☐Unknown ☐ Yes ☐No If NO, please explain:

6. Has a tapering schedule been attempted? ☐ Yes ☐No If NO, please explain:

7. List current immune-suppressants and dose:

a)

b)

8. Were there any complications/adverse events associated with the IVIG therapy? ☐ Yes ☐No

9. If YES, please explain:

10. Was the adverse event reported to the Hospital Transfusion Service? ☐ Yes ☐No

11. When was the last neurological assessment? (YYYY/MM/DD)

12. Additional comments:

Completed by: ____________________ **Date:** ____________________

Thank you for your assistance.

If you have any questions about the IGSP or need to follow up on a request, please send an email to: **IGSP@ontario.ca**.