

## CDC Drug Service Diphtheria Antitoxin (DAT) Treatment And Adverse Effects

Patient ID	Name						
Drug	Date of Request <table style="display: inline-table; border: none;"> <tr> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> </tr> <tr> <td style="text-align: center; font-size: 8px;">Month</td> <td style="text-align: center; font-size: 8px;">Day</td> <td style="text-align: center; font-size: 8px;">Year</td> </tr> </table>				Month	Day	Year
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Diphtheria Antitoxin is currently not licensed in the United States. The National Center for Immunization and Respiratory Diseases of the Centers for Disease Control and Prevention (CDC) is the national center for consultation of suspected diphtheria cases and is responsible for providing diphtheria antitoxin for therapy. CDC has received approval to distribute this product to physicians as an Investigational New Drug (IND) in accordance with requirements of the Food and Drug Administration (FDA). Under the provisions of our IND protocol we must obtain clinical information on each patient who has received DAT. Please complete and return this form at the time of hospital discharge for each patient receiving antitoxin. Please FAX form to: CDC Drug Service at (404) 639-3717 or mail form to: CDC Drug Service, Mailstop D09, Centers for Disease Control and Prevention, 1600 Clifton Road, Atlanta, Georgia 30333.							

SENSITIVITY TESTING	Was Sensitivity Testing Done Prior to Antitoxin Administration? <input type="checkbox"/> Y = Yes <input type="checkbox"/> N = No	If Yes, at What Site?      Other <input type="checkbox"/> Skin <input type="checkbox"/> Eye <input type="checkbox"/> Other
	What Dosage And Diluent?	Result

ANTITOXIN ADMIN	Antitoxin Given by Intravenous (IV) or Intramuscular (IM) Injection																																							
	Dates DAT Given <table style="display: inline-table; border: none;"> <tr> <td style="border: 1px solid black; width: 20px; height: 15px; font-size: 8px;">Month</td> <td style="border: 1px solid black; width: 20px; height: 15px; font-size: 8px;">Day</td> <td style="border: 1px solid black; width: 20px; height: 15px; font-size: 8px;">Year</td> </tr> <tr> <td style="border: 1px solid black; width: 20px; height: 15px;"></td> <td style="border: 1px solid black; width: 20px; height: 15px;"></td> <td style="border: 1px solid black; width: 20px; height: 15px;"></td> </tr> </table>	Month	Day	Year				Time DAT Given <table style="display: inline-table; border: none;"> <tr> <td style="border: 1px solid black; width: 20px; height: 15px;"></td> <td style="border: 1px solid black; width: 10px; height: 15px;"></td> <td style="border: 1px solid black; width: 20px; height: 15px;"></td> </tr> <tr> <td style="border: 1px solid black; width: 20px; height: 15px;"></td> <td style="border: 1px solid black; width: 10px; height: 15px;"></td> <td style="border: 1px solid black; width: 20px; height: 15px;"></td> </tr> </table>							Route <input type="checkbox"/> V = IV <input type="checkbox"/> M = IM	Vials Given <table style="display: inline-table; border: none;"> <tr> <td style="border: 1px solid black; width: 20px; height: 15px;"></td> <td style="border: 1px solid black; width: 20px; height: 15px;"></td> </tr> <tr> <td style="border: 1px solid black; width: 20px; height: 15px;"></td> <td style="border: 1px solid black; width: 20px; height: 15px;"></td> </tr> </table>					Lot Number <table style="display: inline-table; border: none;"> <tr> <td style="border: 1px solid black; width: 20px; height: 15px;"></td> <td style="border: 1px solid black; width: 20px; height: 15px;"></td> <td style="border: 1px solid black; width: 20px; height: 15px;"></td> <td style="border: 1px solid black; width: 20px; height: 15px;"></td> <td style="border: 1px solid black; width: 20px; height: 15px;"></td> <td style="border: 1px solid black; width: 20px; height: 15px;"></td> <td style="border: 1px solid black; width: 20px; height: 15px;"></td> <td style="border: 1px solid black; width: 20px; height: 15px;"></td> <td style="border: 1px solid black; width: 20px; height: 15px;"></td> <td style="border: 1px solid black; width: 20px; height: 15px;"></td> </tr> <tr> <td style="border: 1px solid black; width: 20px; height: 15px;"></td> <td style="border: 1px solid black; width: 20px; height: 15px;"></td> <td style="border: 1px solid black; width: 20px; height: 15px;"></td> <td style="border: 1px solid black; width: 20px; height: 15px;"></td> <td style="border: 1px solid black; width: 20px; height: 15px;"></td> <td style="border: 1px solid black; width: 20px; height: 15px;"></td> <td style="border: 1px solid black; width: 20px; height: 15px;"></td> <td style="border: 1px solid black; width: 20px; height: 15px;"></td> <td style="border: 1px solid black; width: 20px; height: 15px;"></td> <td style="border: 1px solid black; width: 20px; height: 15px;"></td> </tr> </table>																			
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ANTITOXIN REACTIONS	(Excluding Reactions During Sensitivity Testing)			Give Details For All Adverse Effects, Including Location of Urticaria, Rash, Swelling, or Other Localized Adverse Effects.  Was Any Treatment Given For an Adverse Effect? If Yes, Describe. <input type="checkbox"/> Y = Yes <input type="checkbox"/> N = No  Was Antitoxin Administration Stopped Due to an Adverse Effect? If Yes, Describe. <input type="checkbox"/> Y = Yes <input type="checkbox"/> N = No	
	<b>Reaction</b>	Y = Yes N = No	If Yes, How Long After DAT Given?		Duration of Reaction
	General: Fever	<input type="checkbox"/>	_____		_____
	Chills	<input type="checkbox"/>	_____		_____
	Urticaria	<input type="checkbox"/>	_____		_____
	Swelling/Edema	<input type="checkbox"/>	_____		_____
	Anaphylaxis	<input type="checkbox"/>	_____		_____
	Serum Sickness	<input type="checkbox"/>	_____		_____
	Rash: Macular/Papular	<input type="checkbox"/>	_____		_____
	Vesicular	<input type="checkbox"/>	_____		_____
Other	<input type="checkbox"/>	_____	_____		
Other Hypersensitivity	<input type="checkbox"/>	_____	_____		
Other Reaction	<input type="checkbox"/>	_____	_____		

This document can be found on the CDC website at:

[http://www.cdc.gov/vaccines/vpd-vac/diphtheria/dat/downloads/diph\\_ae\\_rpt.pdf](http://www.cdc.gov/vaccines/vpd-vac/diphtheria/dat/downloads/diph_ae_rpt.pdf)