To be completed by treating clinician and returned to CDC within 14 days of DAT administration

# Appendix 2: Diphtheria Antitoxin (DAT) Treatment And Adverse Effects Form

| Patient ID | Name |
|---|---|
| Drug | Date of Request (Month Day Year) |

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 Meningitis and Vaccine Preventable Diseases Branch at (404) 679-5072 or mail form to: CDC Meningitis and Vaccine Preventable Diseases Branch, Mailstop H24-6, Centers for Disease Control and Prevention, 1600 Clifton Road, Atlanta, Georgia 30329.

## SENSITIVITY TESTING

| Was Sensitivity Testing Done Prior to Antitoxin Administration? (Y = Yes, N = No) | If Yes, at What Site? Other (Skin, Eye, Other) |
|---|---|
| What Dosage And Diluent? | Result |

## ANTITOXIN ADMIN

Antitoxin Given by Intravenous (IV) or Intramuscular (IM) Injection

| Dates DAT Given (Month Day Year) | Time DAT Given | Route (V = IV, M = IM) | Vials Given | Lot Number |
|---|---|---|---|---|
| | | | | |

## ANTITOXIN REACTIONS

(Excluding Reactions During Sensitivity Testing)

| Reaction | Y = Yes N = No | If Yes, How Long After DAT Given? | Duration of Reaction |
|---|---|---|---|
| General: Fever | | | |
| Chills | | | |
| Urticaria | | | |
| Swelling/Edema | | | |
| Anaphylaxis | | | |
| Serum Sickness | | | |
| Rash: Macular/Papular | | | |
| Vesicular | | | |
| Other | | | |
| Other Hypersensitivity | | | |
| Other Reaction | | | |

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. (Y = Yes, N = No)

Was Antitoxin Administration Stopped Due to an Adverse Effect? If Yes, Describe. (Y = Yes, N = No)

This document can be found on the CDC website: http://www.cdc.gov/vaccines/vpd-vac/diphtheria/dat/downloads/dip_ae_rpt.pdf

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