In case of emergency, or if you find this card, please contact the doctor listed below:

Prescribing Doctor's Name:

Telephone contact:

Contact details above for the doctor who prescribed Darzalex

DARZALEX®
daratumumab

janssen
PHARMACEUTICAL COMPANIES OF
Johnson & Johnson

Darzalex® (Daratumumab)
Patient Alert Card

important information about
blood transfusions:

Reporting of adverse events: If you get any side effects, talk to your doctor, pharmacist or nurse. This includes any possible side effects not listed in the package leaflet. You can also report side effects directly via HPRA Pharmacovigilance, Website: www.hpra.ie.

Adverse events should also be reported to Janssen Sciences Ireland UC on 1800 709 122 or at dsafety@its.jnj.com.

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:

DARZALEX® antibody product for the treatment of multiple myeloma or AL Amyloidosis.

I stopped taking this medication on: __ / __ / __
DD / MM / YY

Dear Healthcare Provider,

DARZALEX® 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 DARZALEX®, 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 the medical information service at Janssen (call 1800 709 122 or email medinfo@its.jnj.com).

Additional information on interference with blood compatibility testing can be found on www.medicines.ie and searching for the DARZALEX® Summary of Product Characteristics.

Before starting DARZALEX® 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: _____

Date of Preparation: March 2022 | CP-305896