

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

Patient ID	Name
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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
Month	Day	Year					

Diphtheria Antitoxin is currently not licensed in the United States. The National Immunization Program 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.

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

<b>Antitoxin Given by Intravenous (IV) or Intramuscular (IM) Injection</b>																																										
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<p style="text-align: center;">(Excluding Reactions During Sensitivity Testing)</p> <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left; border-bottom: 1px solid black;">Reaction</th> <th style="text-align: center; border-bottom: 1px solid black;">Y = Yes N = No</th> <th style="text-align: center; border-bottom: 1px solid black;">If Yes, How Long After DAT Given?</th> <th style="text-align: center; border-bottom: 1px solid black;">Duration of Reaction</th> </tr> </thead> <tbody> <tr><td>General: Fever</td><td style="text-align: center;"><input type="checkbox"/></td><td style="border-bottom: 1px solid black;"></td><td style="border-bottom: 1px solid black;"></td></tr> <tr><td>Chills</td><td style="text-align: center;"><input type="checkbox"/></td><td style="border-bottom: 1px solid black;"></td><td style="border-bottom: 1px solid black;"></td></tr> <tr><td>Urticaria</td><td style="text-align: center;"><input type="checkbox"/></td><td style="border-bottom: 1px solid black;"></td><td style="border-bottom: 1px solid black;"></td></tr> <tr><td>Swelling/Edema</td><td style="text-align: center;"><input type="checkbox"/></td><td style="border-bottom: 1px solid black;"></td><td style="border-bottom: 1px solid black;"></td></tr> <tr><td>Anaphylaxis</td><td style="text-align: center;"><input type="checkbox"/></td><td style="border-bottom: 1px solid black;"></td><td style="border-bottom: 1px solid black;"></td></tr> <tr><td>Serum Sickness</td><td style="text-align: center;"><input type="checkbox"/></td><td style="border-bottom: 1px solid black;"></td><td style="border-bottom: 1px solid black;"></td></tr> <tr><td>Rash: Macular/Papular</td><td style="text-align: center;"><input type="checkbox"/></td><td style="border-bottom: 1px solid black;"></td><td style="border-bottom: 1px solid black;"></td></tr> <tr><td>Vesicular</td><td style="text-align: center;"><input type="checkbox"/></td><td style="border-bottom: 1px solid black;"></td><td style="border-bottom: 1px solid black;"></td></tr> <tr><td>Other</td><td style="text-align: center;"><input type="checkbox"/></td><td style="border-bottom: 1px solid black;"></td><td style="border-bottom: 1px solid black;"></td></tr> <tr><td>Other Hypersensitivity</td><td style="text-align: center;"><input type="checkbox"/></td><td style="border-bottom: 1px solid black;"></td><td style="border-bottom: 1px solid black;"></td></tr> <tr><td>Other Reaction</td><td style="text-align: center;"><input type="checkbox"/></td><td style="border-bottom: 1px solid black;"></td><td style="border-bottom: 1px solid black;"></td></tr> </tbody> </table>	Reaction	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"/>			<p>Give Details For All Adverse Effects, Including Location of Urticaria, Rash, Swelling, or Other Localized Adverse Effects.</p> <hr/> <p>Was Any Treatment Given For an Adverse Effect? If Yes, Describe.  <input type="checkbox"/> Y = Yes  <input type="checkbox"/> N = No</p> <hr/> <p>Was Antitoxin Administration Stopped Due to an Adverse Effect? If Yes, Describe.  <input type="checkbox"/> Y = Yes  <input type="checkbox"/> N = No</p>
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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)