



# RSV Nirsevimab Data Collection Form

## Section 1: Infant's Details

Complete this part for the infant being offered Nirsevimab (PLEASE USE BLOCK CAPITALS)

Infant's First Name: \_\_\_\_\_ Infant's Surname (Family Name): \_\_\_\_\_

Infant's MRN/HCRN: \_\_\_\_\_ Infant Gender: ☐ Female ☐ Male ☐ Indeterminate

Infant's Date of birth: DD / MM / YY Time of birth: \_\_\_\_\_

Infant's gestational age at birth (Weeks): \_\_\_\_\_ Infant's birthweight (Kg): \_\_\_\_\_

Admission to neonatal unit? ☐ Y ☐ N ☐ Not known (If no or unknown skip to section 2)

Date of admission to neonatal unit: DD / MM / YY Date of discharge: DD / MM / YY

Principal reason for admission to neonatal unit: \_\_\_\_\_

## Section 2: Mother's Details

Mother's First Name: \_\_\_\_\_

Mother's Surname: \_\_\_\_\_

Mother's MRN/HCRN: \_\_\_\_\_

Mother's Date of birth: DD / MM / YY

Mother's Eircode: \_\_\_\_\_

Maternal parity: ☐ Primiparous ☐ Multiparous

Mother's Ethnic or Cultural Background:

### A. White

A.1 ☐ Irish

A.2 ☐ Irish Traveller

A.3 ☐ Roma

A.4 ☐ Any other White Background

### B. Black or Black Irish

B.1 ☐ African

B.2 ☐ Any other Black background

### C. Asian or Asian Irish

C.1 ☐ Chinese

C.2 ☐ Indian/Pakistani/Bangladeshi

C.3 ☐ Any other Asian background

### D. Other, including mixed group/ background

D.1 ☐ Arab

D.2 ☐ Mixed, write in description

Description \_\_\_\_\_

### E. Prefer not to say

E.1 ☐

Please stick addressograph here  
and on page 2 also or record the  
following details:

Mother's Address:

## Section 3: Administration Details

Parent Leaflet and Patient Information Leaflet issued: ☐ Y ☐ N

Verbal Consent: ☐ Given ☐ Declined Was Nirsevimab administered to the infant? ☐ Y ☐ N

Date of administration	Time of administration	Dose given	Batch number	Expiry date	Injection site
		<input type="checkbox"/> 50mg <input type="checkbox"/> 100mg			<input type="checkbox"/> Rt thigh <input type="checkbox"/> Lt thigh

Administered by [Print Name]: \_\_\_\_\_ PIN/MCRN: \_\_\_\_\_

Signature: \_\_\_\_\_

Checked by [Print Name]: \_\_\_\_\_ PIN/MCRN: \_\_\_\_\_

Signature: \_\_\_\_\_