# mAb Infusion Site Referral Form

**18 years old and above ONLY**

## Referring Provider Information

Provider Name:_____ NPI#:_____
Office Name:_____ Provider Phone:_____
Provider email:_____ Provider Cell:_____ Provider Fax:_____

## Patient Information

Patient Name:_____ DOB:_____ Age: _____
Cell Phone:_____ Email:_____
Emergency Contact Name:_____ Cell Phone:_____
Date of Onset of Illness (Mild to Moderate*) _____= _____Day of Illness (<10)

## ☐ COVID Positive Treatment Criteria

Check all symptoms that are present:

| | | | | | |
|---|---|---|---|---|---|
| ☐Fever | ☐Malaise | ☐Nausea | ☐Cough | ☐Loss of taste/smell | ☐Dyspnea on exertion |
| ☐Headache | ☐Vomiting | ☐Sore Throat | ☐Diarrhea | ☐Muscle Pain | ☐Shortness of breath |

Date of Testing for COVID:_____ Test Type: ☐PCR ☐ Antigen

| | | | | |
|---|---|---|---|---|
| • Symptoms present less than 10 days: | ☐Yes | ☐No | ☐Not Eligible | ☐N/A |
| • SpO2% greater than 90% on RA: | ☐Yes | ☐No | ☐Not Eligible | ☐N/A |
| • If previously on home O2, has no increased need: | ☐Yes | ☐No | ☐Not Eligible | ☐N/A |
| • Stable for discharge home: | ☐Yes | ☐No | ☐Not Eligible | ☐N/A |
| • Documented positive COVID test performed: | ☐Yes | ☐No | ☐Not Eligible | ☐N/A |

**NIH Definition:* **Mild Illness:** Individuals who have any of the various signs and symptoms of COVID-19 (e.g., fever, cough, sore throat, malaise, headache, muscle pain, nausea, vomiting, diarrhea, loss of taste and smell) but who do not have shortness of breath, dyspnea, or abnormal chest imaging.

**Moderate Illness:** Individuals who show evidence of lower respiratory disease during clinical assessment or imaging and who have saturation of oxygen (SpO2) ≥94% on room air at sea level.

## High Risk Patients Eligible for Care Who Meet One of the Following Criteria

Check below for each that meets the Monoclonal Antibody Infusion inclusion criteria:

- ☐ Older age (for example, age ≥65 years of age)
- ☐ Chronic kidney disease
- ☐ Immunosuppressive disease or immunosuppressive treatment
- ☐ Sickle cell disease
- ☐ Obesity or being overweight (for example, BMI >25 kg/m2), children age 12 and up - 40 kg and in 85th percentile on growth chart
- ☐ Chronic lung diseases (for example, chronic obstructive pulmonary disease, asthma [moderate-to-severe], interstitial lung disease, cystic fibrosis and pulmonary hypertension)
- ☐ Pregnancy
- ☐ Diabetes
- ☐ Cardiovascular disease (including congenital heart disease) or hypertension
- ☐ High risk Ethnicity Groups (Latino or Black)
- ☐ Having a medical-related technological dependence (for example, tracheostomy, gastrostomy, or positive pressure ventilation, not related to COVID-19)
- ☐ Neurodevelopmental disorders (for example, cerebral palsy) or other conditions that confer medical complexity (for example, genetic or metabolic syndromes and severe congenital anomalies)

☐ **Other medical conditions or factors (for example, race or ethnicity) may also place individual patients at high risk for progression to severe COVID-19 and authorization of monoclonal antibodies under the EUA is not limited to the medical conditions or factors listed above.**

## Monoclonal Antibody Infusion Prescription Order:

☐ **Monoclonal Antibody Therapy: Please infuse a dose of available monoclonal antibody according to the EUA.**

**Prescriber Name:**_____ **Prescriber Signature:**_____ **Date:**_____

**Referral Line: (816)404-0829**

**or Fax 1(816)-404-2275**