REFERRAL FORM: Monoclonal Antibody Treatment for COVID-19

Please complete ALL fields below

Date: _____ Patient Phone Number: _____

Patient Name: _____DOB:_____ Age: _____

Date of symptom onset: _____Allergies:_____

SECTION I

GENERAL INCLUSION CRITERIA (all must apply)

Please check the box next to EACH SECTION to confirm your patient meets criteria:

- ❑ Patient has a positive COVID test. Date of test results:____
- ❑ Patient has had COVID symptoms 10 days or less
- ❑ Patient is not hospitalized due to COVID-19
- ❑ Non-oxygen dependent patients must have an oxygen saturation greater than or equal to 94% **or** Patient on chronic oxygen therapy BUT is not requiring an increase in O2 related to COVID-19
- ❑ Patient is ≥ 65 years old or someone with an immunocompromising condition and > 40kg.
- ❑ Patient has transportation available to and from the treatment appointment.
- ❑ Patient has been provided with the FACT SHEET FOR HEALTH CARE PROVIDERS EMERGENCY USE AUTHORIZATION (EUA) SOTROVIMAB and wishes to proceed with evaluation for treatment English: https://www.regencov.com/

IF ALL ABOVE APPLY, PLEASE COMPLETE AREAS BELOW

SECTION II

CLINICAL INCLUSION CRITERIA (must meet at least one of the below)

Please check the box next clinical criteria that applies to your patient:

- ❑ BMI greater than or equal to 25
- ❑ Chronic kidney disease (GFR less than or equal to 45)
- ❑ Diabetes
- ❑ Chronic lung disease
- ❑ Immunosuppressive disease; please list _____
- ❑ Currently receiving immunosuppressive treatment
- ❑ 65 years of age or older
- ❑ 55 years of age or older AND have history of one of the following:
  - ❑ Cardiovascular disease ❑ Hypertension
  - ❑ COPD ❑ Other Chronic Respiratory Disease, please list: _____

Requesting Provider Name (please print): _____

Requesting Provider Contact Number: _____

Requesting Provider Signature:_____Date: _____Time:_____

Please note this treatment is on limited allocation and administration will be dependent on availability.

Please fax this completed request form to (530) 797- 3536 and call (530) 846-9077.