The Hospitals of PROVIDENCE MEMORIAL CAMPUS

MONOCLONAL ANTIBODY INFUSION
PATIENT SCREENING FORM ADULT and PEDIATRIC

Patient Name: _____ **Todays Date:** _____/_____/_____

D.O.B.: _____/_____/_____ **Cell Phone:** _____

Onset of mild to moderate COVID-19 symptoms: _____/_____/_____

Weight: _____

Height: _____

Allergies:
_____
_____
_____

Symptoms less than 10 days? ☐ YES ☐ **NO** STOP **NOT ELIGIBLE**

SpO2_____% > 90% ☐ YES ☐ **NO** STOP **NOT ELIGIBLE**
With no new or increase O^2

Stable for discharge home: ☐ *YES* ☐**NO** STOP **NOT ELIGIBLE**

Treatment should be considered for high-risk individuals ages 65 and up or between the ages of 12 and 64 (weighing at least 40 kg) with the following criteria:

☐ Chronic Kidney Disease ☐Diabetes ☐Immunosuppressed ☐ BMI ≥ 25

☐ Currently Receiving Immunosuppressive Treatment ☐Heart Disease/Hypertension

☐ Lung Disease (COPD/Emphysema/Asthma/Pulmonary Hypertension/Interstitial Lung Disease

☐ Diabetes ☐ Neurodevelopmental disorder (Cerebral Palsy, etc.) ☐ Pregnancy

☐ Sickle Cell Disease ☐ Medical Devices (Trach, Gastrostomy Tube, etc.)

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 REGEN-COV or BAM-ETE.
Healthcare providers should consider the risk-benefit for an individual patient.

Date of COVID test: _____/_____/_____ **COVID test result positive** ☐ YES ☐ NO

Positive Test Type: ☐ PCR ☐ Antigen

Infusion appointment will be made by clinic based on availability. (**must be within 10 days of symptoms onset**)

☐ **Casirivimab 600 + Imdevimab 600 mg intravenous (IV) infusion* OR**

☐ **Bamlanivimab 700 + Etesevimab 1,400 mg intravenous (IV) infusion***

Administer infusion type based on availability (please check both)

Physician/APP: _____ _____

PRINT NAME SIGNATURE

Provider Phone: _____

Provide patient with instructions, and copy of screening form and Map with directions to infusion center.

Fax a copy of this completed form and a copy of the positive COVID test to 915- 577- 6192

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