

Referral for Outpatient COVID-19 Monoclonal Antibody Treatment* (3/23/2022)

*This form is for referrals for treatment of patients with active COVID-19 infections, not for pre-exposure prophylaxis with tixagevimab/cilgavimab (Evusheld)

UCSF Respiratory Screening Clinics, San Francisco

FAX To: 415-353-4785 or E-Mail To: OPHoutreachBAMfax@ucsf.edu

If this is a Self-Referral, please fill out sections Highlighted in Grey (Providers please fill out the form completely)

Referral Date: _____/_____/20xx
Referral

Type of Referral: * Self Referred Provider

DEMOGRAPHIC INFORMATION

PATIENT INFORMATION

Patient Name*

First Name* _____ Last Name* _____

Patient Date of Birth* Month _____ Day _____ Year _____ Preferred Language* _____

Patient Gender Female Male Non-Conforming Patient Ethnicity _____

Home Phone:* _____ Cell phone:* _____

Address Line 1 _____ Address Line 2 _____

City _____ State _____ ZIP Code _____

Caregiver Information (if Applicable)

First Name _____ Last Name _____

Contact Information: Caregivers Phone:* _____

REFERRING PROVIDER INFORMATION (If Applicable)

Provider name:*

First Name* _____ Last Name* _____

Provider address: *

Address Line 1 _____ Address Line 2 _____

City _____ State _____ ZIP Code _____

Provider office phone:* _____

Provider direct dial phone:* for urgent clinical discussion _____

Provider after-hours phone:* to be used after hours for urgent clinical discussion _____

Provider Office email: * _____ NPI:* _____

Decision to refer made by referring provider assessment AFTER: Office visit Telehealth visit Telephone call

Please provide the EUA factsheet to the patient: [English](#) or [Spanish](#)

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Please inform patient/caregiver that while the DRUG IS FREE, THE FACILITY FEES FOR INFUSION MAY NOT BE COVERED BY INSURANCE

Please attach a COPY of the COVID result to this FAX

CLINICAL INFORMATION

SYMPTOM ONSET* (must be within last (7) days for treatment eligibility) Month Day Year

COLLECTION DATE OF COVID POSITIVE TEST*: Month Day Year
(Please attach a COPY of the COVID result to this FAX)

Monoclonal Antibody TREATMENT INCLUSION CRITERIA*: (Please check all that apply to the patient)

- | | |
|---|--|
| <input type="checkbox"/> Age \geq 65 years old or older | <input type="checkbox"/> Diabetes that is poorly controlled or requires medical treatment |
| <input type="checkbox"/> Body Mass Index (BMI) of \geq 25 | <input type="checkbox"/> Chronic lung diseases |
| <input type="checkbox"/> Cardiovascular disease or hypertension | <input type="checkbox"/> Sickle cell disease |
| <input type="checkbox"/> \geq Stage 3b chronic kidney disease (eGFR $<$ 45 ml/min per /1.73 m ²) | <input type="checkbox"/> Neurodevelopmental disorders or other disorders that confer medical complexity |
| <input type="checkbox"/> Have immunocompromising condition or currently receiving immunosuppressive treatment | <input type="checkbox"/> Medical-related technological dependence |
| <input type="checkbox"/> Pregnancy | <input type="checkbox"/> Clinician-determined medical condition or demographic factor presumed to place the patient at high risk for disease progression |
| <input type="checkbox"/> Does not meet any [above] inclusion criteria. Is not a candidate for monoclonal antibody COVID treatment | |

BRIEF PATIENT HEALTH SUMMARY*:

INFORMATION ABOUT MONOCLONAL ANTIBODY TREATMENT

FDA Emergency Use Authorization^[SEP] (EUA) Bebtelovimab Fact sheet for PROVIDERS: [here](#)

FDA Emergency Use Authorization^[SEP] (EUA) of Bebtelovimab Fact sheet for PATIENTS: [English](#) and [Spanish](#)

[UCSF Outpatient Treatment Guidance](#)

TREATMENT SCHEDULING PROCESS

Provider Referral for COVID-19 Outpatient Monoclonal Antibody Treatment (2/1/2021)

UCSF Mission Bay Respiratory Screening Clinic

FAX To: _____

- The COVID scheduling team will contact the patient/ guardian in 24 hours to register the patient and schedule a video visitor or in-person visit for clinical assessment, discussion of risk, benefit, limitations, and consent to treatment.
- Once consented, the request for treatment will be routed to the Respiratory Screening Clinic under Dr. Paul Nadler
- Patient will be scheduled for an infusion treatment at UCSF Respiratory Screening Clinic
- Please COMPLETE the referral form in its entirety. Incomplete referral forms may result in a delay in treatment or ineligibility.