

Referral Form – For sites offering COVID-19 Oral Antiviral and Antiviral Infusion Treatment

Patient Information

Name: _____ Date of birth: _____
 Allergies: _____
 Address: _____ City/Prov: _____ / _____
 Postal: _____ Phone: _____ HCN: _____

NOTE: For patients with mild COVID-19 with confirmed COVID-19. These products are available for use under an interim authorization (Interim Order) by Health Canada to prevent progression of mild to moderate COVID-19 in adults and pediatric patients (12 years of age and older weighing at least 40 kg) who are at high risk for progression to severe COVID-19, including hospitalization or death.

In order to qualify for therapy, patients need to a) Be symptomatic b) Be within 5-7 days of symptom onset c) Fulfil either criteria 1, 2 OR 3 d) Be willing to receive therapy e) Expected survival >1 year from all causes

Criteria for Use (all fields must be completed to be eligible for treatment)

- Date of symptom onset: _____
- Date of positive COVID-19 test: _____
- Current Medications: _____
- Recent Creatinine and AST / ALT if available (within 3 months) _____
- CRITERIA 1: Immune suppressed (regardless of vaccine status)**
 - Treatment of Solid Organ Cancer Lymphoma Hematologic Malignancy
 - Receipt of CAR-T Therapy Bone Marrow Transplant Solid Organ Transplant
 - Congenital Immunodeficiency (Please Specify) Corticosteroids (> 20 mg prednisone per day for > 2 weeks) Oral immunosuppressive agents: (Please Specify)
 - Biologic Agents (Please Specify) Untreated or Advanced HIV

CRITERIA 2: Pregnant AND unvaccinated?

CRITERIA 3: Does this individual have risk factors AND vaccine status that fits criteria below? (please check risk factors in a) and fill out table b) if patient meets criteria)

a) Risk Factors – please check all that apply

<input type="checkbox"/> Obesity	<input type="checkbox"/> Cerebral Palsy	<input type="checkbox"/> Kidney Disease (GFR <60 mL/min)
<input type="checkbox"/> Diabetes	<input type="checkbox"/> Intellectual Disability	<input type="checkbox"/> Liver Disease (CP Class B/C)
<input type="checkbox"/> Heart Disease (CAD/HTN/CHF)	<input type="checkbox"/> Sickle Cell Disease	<input type="checkbox"/> Respiratory Disease

b) Vaccine Status and Risk Factors (Please check if patient fits an eligibility category)

Age	Number of Vaccine Doses		
	0 Doses	1 or 2 Doses	3 Doses
<20	<input type="checkbox"/> Eligible if 3 or more risk factors	Not Eligible	Not Eligible
20 – 39	<input type="checkbox"/> Eligible if 3 or more risk factors	<input type="checkbox"/> Eligible if 3 or more risk factors	Not Eligible
40 – 69	<input type="checkbox"/> Eligible if 1 or more risk factors	<input type="checkbox"/> Eligible if 3 or more risk factors	Not Eligible
>70	<input type="checkbox"/> Eligible	<input type="checkbox"/> Eligible if 1 or more risk factors	<input type="checkbox"/> Eligible if 3 or more risk factors

Referral Attestation (Must be checked to be eligible for treatment)

I affirm that my patient meets the above criteria for use

Clinician Name (print): _____ Direct Contact Number: _____
 Clinician Signature: _____ Clinician Fax Number: _____
 Date/Time: _____ / _____ College # _____



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Regional sites offering remdesivir and Paxlovid® (walk-in not accepted):

Addresses and contact information listed below are specific to mAb clinics:

- Health Sciences North – COVID Assessment Centre, 2050 Regent St, Sudbury, **Fax: 705-523-4464**
- Humber River Hospital – Finch RCC, COVID Assessment Centre, 2111 Finch Ave W, North York,
Email: CACfinch@hrh.ca
- The Ottawa Hospital – Civic Campus, 1052 Carling Ave, Ottawa, **Fax: 613-739-6751**
- Scarborough Health Network – Centenary Hospital, 2867 Ellesmere Rd, Scarborough, **Fax: 416-281-7384**
- St. Joseph's Healthcare Hamilton – ED Entrance, 50 Charlton Ave East, Hamilton, **Fax 905-522-4469**
- Thunder Bay Regional Health Sciences Centre – 984 Oliver Rd, Suite 101, Thunder Bay, **Fax: 807-623-6631**,
Telephone: 807-935-8101
- Windsor Regional Hospital – 1030 Ouellette Ave, Windsor, **Email: WRHmAbclinic@wrh.on.ca**

Niagara Health – COVID-19 Clinical Assessment Centre (CAC)

- **Phone: 905-378-4647 Ext. 41985 Fax: 289-398-0122 (new number) or 905-358-8713**
- 5546 Portage Road, Niagara Falls, ON L2E 6X2
- Hours of Operation: Monday to Friday 0800 to 1600 **except** for statutory holidays
- **NO WALK-INS – APPOINTMENTS ONLY**

