Maryland
DEPARTMENT OF HEALTH

Maryland Referral Form
Ambulatory Monoclonal Antibody Infusion Treatment for COVID-19

Please complete the information on this form if your patient could benefit from monoclonal antibody treatment. This form should be sent to the infusion site with closest proximity to the patient.

Please note: CRISP eReferral is the quickest way to conduct a referral. This form is for providers without access to the portal to submit as indicated on page 4.

**First Name: ** Last Name:

**DOB: **Age: **Sex: • M • F • Other _____ • Unknown

**Patient's Preferred Language • English • Spanish • Other _____

**Address Line 1: Address Line 2:

City: State: County: **Zip:

County:

**Phone: • cell • home Secondary Phone: • cell • home

Allergies (medication/food/other. Please include any additional historical patient health information. You may free text or attach a recent clinic note or other documentation as necessary):

**Vaccination Status:

Patient Eligibility

For COVID-19 Treatment

Monoclonal antibodies directed against SARS-CoV-2 may be used in adults and children of all ages (including newborns) who are at high risk for progressing to severe COVID-19 and/or hospitalization. Patients are considered at high risk if they meet any one of the following criteria:

- Older age (e.g., age ≥65 years of age)
- Obesity or being overweight (e.g., adults with BMI >25 kg/m2, or if age 12-17, have BMI ≥85th percentile for their age and gender based on CDC growth charts (https://www.cdc.gov/growthcharts/clinical_charts.htm)
- Pregnant
- Chronic kidney disease
- Diabetes
- Immunosuppressive disease or immunosuppressive treatment

The (**) indicates a required field.

- Cardiovascular disease (including congenital heart disease) or hypertension
- Chronic lung diseases (e.g., chronic obstructive pulmonary disease, asthma [moderate-to-severe], interstitial lung disease, cystic fibrosis, and pulmonary hypertension)
- Sickle cell disease
- Neurodevelopmental disorders (e.g., cerebral palsy) or other conditions that confer medical complexity (e.g. genetic or metabolic syndromes and severe congenital anomalies)
- Having a medical-related technological dependence [e.g., tracheostomy, gastrostomy, or positive pressure ventilation (not related to COVID-19)]
- Having medical conditions and factors associated with increased risk for progression to severe COVID-19

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 under the EUA is not limited to the medical conditions or factors listed above. For additional information on medical conditions and factors associated with increased risk for progression to severe COVID, see the CDC website: https://www.cdc.gov/coronavirus/2019-ncov/need-extra-precautions/people-with-medical-conditions.html. Healthcare providers should consider the benefit-risk for an individual patient.

Individual area health systems may have further inclusion and exclusion criteria.

Indications:

☐ Treatment of mild to moderate COVID-19 in adult and pediatric patients with positive results of direct SARS-CoV-2 viral testing in accordance with EUA criteria for dosing, administration and patient eligibility
Date of positive COVID-19 test_____ Date of symptom onset _____

I, the referring provider, am the patient's PCP or other continuity provider and have arranged for the patient to follow up with me/my designee following monoclonal antibody infusion. Or I am an ED or Urgent Care provider who will update the patient's PCP about his/her antibody infusion to arrange follow up. If the patient does not have a PCP, I will refer him/her to an appropriate provider and ensure that follow up has been arranged. [Note: Ideal timing of follow up visit is approximately 7 days post-infusion.]
****• Indicates Provider Agreement**

I, the referring provider, have advised or will advise the patient that if his/her clinical status declines by the time of the infusion appointment, the treatment may no longer be appropriate for him/her. The patient's clinical status will be re-evaluated at the infusion center at the appointment time. If the patient is deemed in need of hospital care, s/he will be referred immediately. ****• Indicates Provider Agreement**

**** Please provide the following information:**

- If a patient meets the above criteria, give available EUA-approved monoclonal antibody treatment as appropriate according to the EUA dosage and administration instructions per protocol.

Provider Signature_____
Date_____

The monoclonal infusion staff will communicate with the referring provider regarding such matters as treatment inappropriateness for patient, ultimate completion of treatment for patient, adverse events, etc

Name of Referring Site:	Point of Contact:
Address:	
Phone Number:	Fax Number:
Email address:	Preferred mode of contact: • Phone • Fax • Email

Patient's Primary/Continuity Care Provider (if different from above)

Office Name:	
Address:	Phone Number:
Email address:	Fax Number:

The (**) indicates a required field.

Information about both monoclonal antibody treatment can be found at FDA Emergency Use Authorization Drug and Biological Products, COVID19 Therapeutics (scroll to section on Drugs and Biologic Products).

Table 1. How to Refer a Patient	
Region 1: UPMC Western Maryland	Email form to WMD-COVIDantibody@upmc.edu
Region 1: Garrett Medical Center	Fax form to 301-533-4198
Region 2: Meritus Medical Center	Refer via site-specific referral form
Region 3: Baltimore Convention Center Field Hospital	Submit a form via secure, HIPAA-compliant upload.
Region 3: UM Upper Chesapeake Infusion Center	Submit a form via secure, HIPAA-compliant upload.
Region 3: ChristianaCare Union Hospital	Fax referral form to 410-392-2637
Region 3: Anne Arundel Medical Center	Fax form to 443-481-5744
Region 3: Hatzalah of Baltimore	Submit to Hatzalah Infusion Center Referral Form via secure link or email to covidtherapy@hatzalahbaltimore.org
Region 3: Odenton Volunteer Fire Department*	Call 443-459-1095 or Fax 410-634-7021
Region 3: Mercy Medical Center	Call 301-905-2351 (or email Nicole Bahadursingh, pbaha@mdmercy.com)
Region 3: Nasseri Clinics of Arthritic Rheumatic Diseases	Fax referral form 410-744-8036
Region 3: COVID Antibody Treatment	Email form to info@covidantibodytreatment.org or fax 410-220-0033.
Region 4: Atlantic General Hospital	Fax from to 410-641-9708
Region 4: TidalHealth	Email form to COVIDTX@Tidalhealth.org; or Fax form to 410-912-4959
Region 4: UM Shore Medical Center at Easton	Fax form to 410-820-8439
Region 5: Adventist Takoma Park	Fax form to 301-891-6120
Region 5: CalvertHealth Outpatient COVID Treatment Clinic	Email referral to COVIDtx@calverthealthmed.org
Region 5: Charles Regional Medical Center	Submit a form via secure, HIPAA-compliant upload.
Region 5: UMMS Capital Regional Health: Laurel 3-4-5	Fax referral form to 301-256-9224
Central MD: Soleil Pharmacy (offers home infusion in multiple counties)* *(Spanish, Vietnamese, Korean, French, English language spoken)*	Fill out HIPAA-compliant form

The (**) indicates a required field.

Information about both monoclonal antibody treatment can be found at FDA Emergency Use Authorization Drug and Biological Products, COVID19 Therapeutics (scroll to section on Drugs and Biologic Products).

Central MD: American Infusion Services (formerly mAbs at Home) (offers home infusion in multiple counties)*	Fill out HIPAA-compliant form

**These sites also accept direct patient contact to determine eligibility and schedule treatment*

- *Baltimore City Convention Center Field Hospital Infusion Center-- Call 410-649-6122 or complete a self-referral form*
- *Odenton VFD-- Call 443-459-1095*
- *American Infusion Services– AmericanInfusion.com and 1-855-AM-INFUS (home infusion)*
- *Hatzalah of Baltimore-- Self-referral form or call 410-585-0054*
- *MedStar eVisit offers virtual appointments to meet with a provider*
- *Soleil Pharmacy-- Self-referral form (home infusion)*

*****Home Infusion is an available option for UMMS patient referrals on Mon-Fri 8 am – 5 pm through UM Medical Solutions. Fax: 410-636-0309***