



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 (pg. 3). The Infusion Site will review the referral and contact the patient to coordinate services as soon as possible. If you are referring your patient to one of the listed emergency departments, please contact that Department and provide relevant clinical information.

Please note: [CRISP](#) is one of several referral options as noted on page 2. This form is used only for sites that are not listed as using CRISP referrals.

****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, copy/paste, or you may attach a recent clinic note or other documentation, as necessary.

The (**) indicates a required field.

Patient Eligibility:

Monoclonal antibodies directed against SARS-CoV-2 may be used in adults and children aged ≥ 12 years and weighing ≥ 40 kg 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 ≥ 85 th 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
- 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.

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.

*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).

****☐ 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:

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	Fax form to 301-790-9229
Region 3: Baltimore Convention Center Field Hospital	Visit umms.org/ICReferral to submit a form via secure, HIPAA-compliant upload.
Region 3: Hatzalah of Baltimore	Submit to Hatzalah Infusion Center Referral Form via secure link or email covidtherapy@hatzalahbaltimore.org
Region 3: Odenton Volunteer Fire Department	Call 443-459-1095
Region 3: City of Praise Family Ministries	Call 443-459-1095
Region 4: Atlantic General Hospital	Fax form to 410-641-9708
Region 5: Adventist Takoma Park	Fax form to 301-891-6120

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Table 2. How to Access Monoclonal Treatment via Emergency Department (ED) 24/7	
Health System	Emergency Department Name
Medstar Health	Southern Maryland Harbor Franklin Square Good Samaritan Union Memorial Montgomery General St. Marys
University of Maryland Medical System*	UM Medical Center (UMMC) Downtown Campus UMMC Midtown Campus UM Shore Medical Center at Easton UM Baltimore Washington Medical Center UM Capital Region Medical Center UM Harford Memorial Hospital UM Laurel Medical Center UM Upper Chesapeake Medical Center UM St. Joseph Medical Center UM Charles Regional Medical Center
TidalHealth Peninsula Regional	TidalHealth Peninsula Regional
Calvert Health	Calvert Health
Christiana Care	Union Hospital of Cecil County
<i>*Home Infusion is an available option for UMMS patient referrals through UM Medical Solutions. Fax: 410-636-0309</i>	

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