

**Referral Form – For sites offering COVID-19 Monoclonal Antibody (mAb) and Oral Antiviral 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) Fulfill 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	<b>Not Eligible</b>	<b>Not Eligible</b>
20 – 39	<input type="checkbox"/> Eligible if 3 or more risk factors	<input type="checkbox"/> Eligible if 3 or more risk factors	<b>Not Eligible</b>
40 – 69	<input type="checkbox"/> Eligible if 1 or more risk factors	<input type="checkbox"/> Eligible if 3 or more risk factors	<b>Not Eligible</b>
>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: \_\_\_\_\_ Date/Time: \_\_\_\_\_ / \_\_\_\_\_ College # \_\_\_\_\_



**Referral Form – For sites offering COVID-19 Monoclonal Antibody (mAb) and Oral Antiviral Treatment**

**Regional sites offering sotrovimab 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](mailto: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](mailto:WRHmAbclinic@wrh.on.ca)

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

- **Phone: 905-378-4647 Ext. 41985 Fax: 905-397-1904**
- 1200 Fourth Avenue, St. Catharines, ON L2S 0A9
- Hours of Operation: Monday to Friday 0800 to 1600 except for statutory holidays
- **NO WALK-INS - APPOINTMENTS ONLY**

**\*\*\*Please note that on Monday, April 11 the Clinical Assessment Centre (CAC) will move to the Niagara Falls Site and will operate in the same location as the COVID-19 Assessment Centre in the Niagara Falls Site.\*\*\***

