

**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 5 days or less 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 positive COVID-19 test: \_\_\_\_\_
- Date of symptom onset: \_\_\_\_\_ (day zero is first day of symptoms) (must be 5 days or less)
- 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?**  
**Screening Eligibility:** (Check all that apply)
  - 60 years of age, or older       Over 18 and immunocompromised       18 – 59:
  - Drug Therapy / Medication Name (if applicable): \_\_\_\_\_       who have one or more comorbidity that puts them at higher risk of severe COVID-19 disease
  - \_\_\_\_\_       unvaccinated (and therefore at an elevated risk of severe COVID-19 infection)
  - \_\_\_\_\_       has not completed their primary series of COVID-19 vaccination
  - \_\_\_\_\_       has not had a COVID-19 vaccine dose or COVID-19 infection in the last 6 months

**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](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, Cold and Flu Care Clinic (CCFCC)**

- **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**

