

NOTE: Incomplete/unsigned and/or illegible forms will be returned

PLEASE PRINT CLEARLY
OR AFFIX LABEL WITH COMPLETE INFORMATION



Clinical Assessment Centre Referral

Telephone #: **905-472-7373 ext 6526**

Email referral to: **covidclinic@msh.on.ca**

Patient Name: _____
Last First

Date of Birth: _____ Sex: F M
Day Month Year

Health Card # _____ Version Code: _____

Address: _____ Postal Code: _____

Telephone # (Best Daytime): _____

Alternate #: _____

Family Physician: _____

Date/Time	Referring MD	Signature
CPSO#	Direct Contact #	Fax

I affirm that my patient meets criteria for use (see page 2)

Request for: Consideration of Nirmatrelvir/Ritonavir (Paxlovid) or Sotrovimab Treatment

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

Brief medical history and relevant clinical concerns (provide information below or as an attached document):

Patient height (cm): _____ Patient weight (kg): _____

information provided in attached document

Patient's current medication list (provide information below or as an attached document):

(include prescription, over-the-counter, vitamins/minerals/herbal products)

information provided in attached document

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

- Be symptomatic. Specify symptoms: _____
- Date of symptom onset: _____
(treatment must be started within 7 days of symptom onset for Sotrovimab and within 5 days for Paxlovid)
- Date of positive COVID-19 test (PCR or healthcare provider-administered RAT): _____
- Be willing to travel to the clinic for assessment, if required
- Expected survival is at least 1 year from all causes

AND at least one criteria under category #1 or #2 (see next page):





Clinical Assessment Centre Referral (continued)

Criteria for Use (continued)

Category 1

Immunocompromised or immunosuppressed individuals not expected to mount an adequate immune response to COVID-19 vaccination or SARS-CoV-2 infection (regardless of vaccine status) defined as one of the following:

- Active treatment for solid tumor and hematologic malignancies (*Specify:* _____)
- Receipt of solid-organ transplant and taking immunosuppressive therapy (*Specify:* _____)
- Receipt of chimeric antigen receptor (CAR)-T-cell or hematopoietic stem cell transplant (within 2 years of transplantation or taking immunosuppression therapy)
- Moderate or severe primary immunodeficiency (e.g., DiGeorge syndrome, Wiskott-Aldrich syndrome, common variable immunodeficiency, Good's syndrome, hyper IgE syndrome) (*Specify:* _____)
- Advanced or untreated HIV infection
- Active treatment with high-dose corticosteroids (i.e. equal or greater than 20 mg prednisone or equivalent per day when administered for equal or greater than 2 weeks)
- Active treatment with alkylating agents, antimetabolites, transplant-related immunosuppressive drugs, cancer chemotherapeutic agents classified as severely immunosuppressive, tumor-necrosis factor (TNF) blockers or other biologic agents that are immunosuppressive or immunomodulatory (*Specify:* _____)

Category 2

Unvaccinated individuals (less than 2 doses of any COVID-19 vaccine) with one of the following:

- Age equal or greater than 60 years
- Age equal or greater than 50 years and Indigenous
- Age equal or greater than 50 years with 1 or more of the following risk factors:
 - Obesity (Body mass index equal or greater than 30 kg/m²)
 - Chronic Kidney Disease (GFR less than 15 mL/min/1.73m² or dialysis)
 - Diabetes Mellitus
 - Sickle Cell Disease
 - Intellectual disability
 - Cerebral Palsy
 - Receiving active cancer treatment
 - Solid organ or stem cell transplant recipients

Please be advised that the referral will be triaged; the referring physician will be notified if accepted or declined. If declined, it is the referring physician's responsibility to contact the patient. Accepted patient will be called and booked either a virtual or in person consultation with the Clinical Assessment Centre physician.

Patient will be instructed to follow up with their family practitioner following drug administration. Referring physician is required to contact patient directly if they wish to confirm receipt of drug.