



# FLOYD MEDICAL CENTER

Monoclonal Antibody Infusion Eligibility Screening Criteria Form  
Please Fax this form & COVID Positive Result Documentation to  
*Floyd Outpatient Infusion Therapy at 706-509-5176*

Patient Name: \_\_\_\_\_

Patient Address: \_\_\_\_\_ County of Residence \_\_\_\_\_ State of Residence \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Best Contact Number: \_\_\_\_\_

Insurance Provider: \_\_\_\_\_

Date and Time of Positive COVID Test Swabbed: \_\_\_\_\_  
Date Time

Date and Time of Positive COVID Test Resulted: \_\_\_\_\_  
Date Time

Date and Time of Symptom Onset: \_\_\_\_\_  
Date Time

COVID Positive Result is included in the fax?  Yes

Completed By: \_\_\_\_\_ Date and Time: \_\_\_\_\_

Referring Provider: \_\_\_\_\_ Provider Location: \_\_\_\_\_

Was a home test used?  Yes  No If yes, bring test kit to your infusion appointment.

Infusion administered in ECC : Date \_\_\_\_\_

## **Adult Eligibility Criteria:**

Patient **MUST** be interested in Monoclonal Antibody treatment

Patient **MUST** meet ALL of the following:

- Within 4 days of a Positive COVID test
- Positive Covid-19 test with mild/moderate disease
- $\geq 12$  years old or greater
- Weight  $\geq 40$ kg
- Symptoms started within the last 10 days
- Is **NOT** an inpatient
- Does **NOT** require oxygen due to COVID-19

**AND** at least one of the below:

- Pregnant (regardless of age)
- Body mass index (BMI)  $\geq 25$ : Height: \_\_\_\_\_ Weight: \_\_\_\_\_ BMI: \_\_\_\_\_
- Chronic kidney disease
- Diabetes
- Immunosuppressive disease: Specify: \_\_\_\_\_
- Currently receiving immunosuppressive treatment: Specify: \_\_\_\_\_
- $\geq 65$  years of age
- Are  $\geq 55$  years of age **AND** have
  - Cardiovascular disease, OR
  - Hypertension, OR
  - Chronic obstructive pulmonary disease/other chronic respiratory disease
- Treatment benefits outweigh the risks to patient.

*(Please see page 2 for Pediatric Eligibility Criteria)*

# Criteria for Pediatric Patients Ages 12-17

Height: \_\_\_\_\_

Weight: \_\_\_\_\_

BMI: \_\_\_\_\_

## **Pediatric Eligibility Criteria:**

Patient's Parent/Guardian **MUST** be interested in Monoclonal Antibody treatment for Child

Patient **MUST** meet ALL of the following:

- Within 4 days of a Positive COVID test
- Positive Covid-19 test with mild/moderate disease
- $\geq 12$  years old or greater
- Weight  $\geq 40$ kg
- Symptoms started within the last 10 days
- Is **NOT** an inpatient
- Does **NOT** require oxygen due to COVID-19

**Patient (age 12-17) MUST ALSO meet ONE of the below criteria:**

- BMI  $\geq$  85th percentile for their age and gender based on CDC growth charts, [https://www.cdc.gov/growthcharts/clinical\\_charts.htm](https://www.cdc.gov/growthcharts/clinical_charts.htm) **OR**,
- Sickle cell disease, **OR**
- Congenital or acquired heart disease, **OR**
- Neurodevelopmental disorders, for example, cerebral palsy, or a medical-related technological dependence, for example, tracheostomy, gastrostomy, or positive pressure ventilation (not related to COVID-19), **OR**
- Asthma, reactive airway or other chronic respiratory disease **that requires daily medication for control**
- Diabetes requiring daily medicine to control
- Treatment benefits outweigh the risks to patient.

**ALL PEDIATRIC REFERRALS WILL BE REVIEWED BY THE PEDIATRICIAN OVERSEEING PEDIATRIC INFUSIONS TO VERIFY ELIGIBILITY.**

**THE CHILD'S PARENT OR GUARDIAN WILL BE CONTACTED BY A FLOYD MEDICAL CENTER EMPLOYEE REGARDING ELIGIBILITY AND/OR DATE AND TIME OF INFUSION APPOINTMENT.**