

Fax completed referral forms to 613-739-6751. Information must be complete and accurate to ensure timely access to therapy.

PATIENT INFORMATION		
Name:	Sex: <input type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/> Other:	Date of Birth (DD/MM/YY):
Allergies:	Height (cm):	Weight (kg):
Address:	City:	Province:
Postal Code:	Phone:	HCN:
QUESTION		
1. Is the patient 12 years of age or over?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
2. Does the patient weigh 40 kg or over?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
3. Does the patient have a current COVID-19 infection, or have they had COVID-19 infection or exposure in the past 20 days?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
4. Is the patient pregnant or breast feeding? Note: No information is available for use of Evusheld in pregnancy and breast feeding.	<input type="checkbox"/> Yes <input type="checkbox"/> No	
5. Is the patient at high-risk for cardiovascular or thromboembolic events? Note: CADTH advises Evusheld should not be used in patients with a previous history of unstable cardiac conditions (IE. recent MI, unstable CAD).	<input type="checkbox"/> Yes <input type="checkbox"/> No	
6. Does the patient have an increased risk of bleeding?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
7. COVID-19 Vaccination Status	<input type="checkbox"/> 3 or more doses <input type="checkbox"/> 1-2 doses <input type="checkbox"/> 0 doses <input type="checkbox"/> Unable to receive vaccine	
8. Clinical indication for Evusheld	<p>Malignant Hematology</p> <input type="checkbox"/> Tier 1: CAR T-cell therapy, Allogenic stem cell transplant, Malignant hematology patients treated with CD-20 inhibitors <input type="checkbox"/> Tier 2: Malignant hematology patients treated with BTK inhibitors or venetoclax, Autologous stem cell transplant <input type="checkbox"/> Tier 3: Other malignant hematology patientst	
	<p>Solid Organ Transplant</p> <input type="checkbox"/> Tier 1: Lung transplant, Recent transplant (< 6 months), B-cell depletion (Rituximab), Plasmapheresis/ATG for rejection (excluding patients with ongoing plasmapheresis) <input type="checkbox"/> Tier 2: All organs (≥ 60 years of age) <input type="checkbox"/> Tier 3: All organs (< 60 years of age)	
	<input type="checkbox"/> Anti-B-cell therapy (e.g., Rituximab)	
	<input type="checkbox"/> Significant primary immunodeficiency	
	<p>Other: (comment)</p> <input type="checkbox"/> Note: Evusheld is currently available in Ontario only to select immunocompromised patients including: Solid organ transplant recipients, Stem cell transplant recipients, CAR-T cell therapy recipients, Other hematologic cancer patients undergoing treatment, Anti-B-Cell therapy recipients, & People with significant primary immunodeficiency	

PRESCRIBER ATTESTATION		
<input type="checkbox"/> I affirm that my patient meets above criteria for use		
Prescriber Name (print):	Direct Contact Number (not office line)	
Prescriber Signature:	Date/Time:	College #: