# COLLIN COLLEGE

## Outpatient Monoclonal Antibody Infusion Protocol

**MCKINNEY CAMPUS CONFERENCE CENTER • 2400 COMMUNITY AVE, MCKINNEY, TX 75071**

**Phone: (972) 548-6645 Fax: (972) 548-6682 Email: Infusion@collin.edu**

**Patient Name:** _____

**Patient DOB:** _____

**Patient Phone Number:** _____

**Patient Allergies:** _____

**TO ORDER: SEND THE FOLLOWING DOCUMENTATION VIA FAX: 972-548-6682 OR EMAIL: INFUSION@COLLIN.EDU**

- THIS COMPLETED ORDER FORM
- POSITIVE COVID TEST DOCUMENTATION
- HISTORY & PHYSICAL EXAMINATION OR DOCTOR'S VISIT DOCUMENT EXPLAINING HOW PATIENT MEETS CRITERIA

**NOTE:** Patient must **NOT** be hospitalized, require oxygen therapy **OR** require an increase in oxygen rate due to Covid-19 if using for underlying comorbidity **AND** within 10 days of symptom onset.

**PATIENT INCLUSION CRITERIA– CHECK ALL THAT APPLY:**

- ☐ ≥ 65 years of age
- ☐ BMI (body mass index) > 25 OR if age 12-17 and BMI > 85th percentile for age and gender based on CDC growth charts
  - Height: _____
  - Weight: _____
- ☐ Pregnancy
- ☐ Chronic Kidney Disease
- ☐ Diabetic
- ☐ Immunosuppressive Disease
  - Type: _____
- ☐ Receiving Immunosuppressive Treatment
  - Type: _____
- ☐ Cardiovascular disease (hypertension or congenital heart disease)
- ☐ Chronic Lung Diseases [COPD, asthma (moderate-severe), cystic fibrosis, pulmonary hypertension, or interstitial lung disease]
- ☐ Sickle Cell Disease
- ☐ Neurodevelopmental disorders (ex. cerebral palsy) or other conditions that confer medical complexity (ex. genetic or metabolic syndromes and severe congenital anomalies)
- ☐ Having a medical related technological dependence (ex. tracheostomy gastrostomy, or positive pressure ventilation not related to COVID)

**CONFIRMED COVID POSITIVE DATE:** _____

**TYPE OF TEST:**

**PCR** ☐ **ANTIGEN** ☐

**SYMPTOM ONSET DATE:** _____

Patient risk factors will be evaluated and scheduled based on available drug allocation, and prescriber will be notified of outcome.

**PHYSICIAN SIGNATURE:** _____

**DATE:** _____ **TIME:** _____

Baylor Scott & White

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COLLIN COUNTY

TEXAS DIVISION OF EMERGENCY MANAGEMENT