Bamlanivimab Consent
Casirivimab & Imdevimab Consent

Patient Name: _____

DOB: _____

Date: _____

I authorize the intravenous administration of Bamlanivimab OR Casirivimab & Imdevimab as determined by medication availability by the infusion nursing staff of the COVID INFUSION CENTER under the supervision of the CIC physicians.

Bamlanivimab and Casirivimab/Imdevimab are monoclonal antibodies for the purpose of treating COVID-19. These medications have not been approved by the FDA but have been authorized for emergency use to treat mild to moderate COVID-19 in adults and pediatric patients with positive results of direct SARS-CoV-2 viral testing who are 12 years of age and older weighing at least 40 kg, and who are at high risk for progressing to severe COVID-19 and/or hospitalization.

I understand the possible side effects associated with Bamlanivimab and Casirivimab/Imdevimab may include, but are not limited to: Allergic reaction – fever, chills, low blood pressure, changes in heartbeat, shortness of breath, wheezing, swelling of lips, face or throat, rash including hives, itching, headache, nausea, vomiting, sweating, muscle aches, dizziness, or shivering. The side effects of getting any medication by vein may include brief pain, bleeding, bruising of the skin, soreness, swelling, and possible infection at the infusion site. These possible side effects may occur during the infusion or be delayed until after I leave the facility.

I authorize the CIC infusion nursing staff to administer medications as deemed medically necessary at the time of the infusion reaction. If these symptoms occur after I leave this facility, I will seek emergency care as needed, and I will notify the infusion nursing staff at CIC.

These are not all the possible side effects of Bamlanivimab and Casirivimab/Imdevimab. Not many people have been given Bamlanivimab and Casirivimab/Imdevimab. Serious and unexpected side effects may happen. These drugs are still being studied so not all side effects and/or risks are known at this time.

It is possible that Bamlanivimab and Casirivimab/Imdevimab could interfere with your body's own ability to fight off a future infection of SARS-CoV-2. Similarly, Bamlanivimab and Casirivimab/Imdevimab may reduce your body's immune response to a vaccine for SARS-CoV-2. Specific studies have not been conducted to address these possible risks. Talk to your healthcare provider if you have any questions.

I have been advised of risks and possible benefits, although no guarantee or assurance has been made as to the results to be obtained. I have received the **Fact Sheet for Patients, Parents and Caregivers Emergency Use Authorization (EUA) of Bamlanivimab OR Casirivimab/Imdevimab for Coronavirus Disease 2019 (COVID-19).** I have read and understand this consent form and agree to receive the Bamlanivimab OR Casirivimab/Imdevimab intravenous treatment.

Patient Signature:_____Date: _____

Printed Name:_____DOB: _____

Witnessed by:_____Date: _____