

30 Day tixagevimab and cilgavimab (Evusheld®) Outcome Data

PATIENT DETAILS

Patient initials: _____ URN: _____ Gender: _____
 Patient DOB: _____ Hospital or facility: _____
 Reporting date: _____ Date of administration: _____

SEROLOGICAL STATUS

1. Did the patient have confirmed case of symptomatic COVID-19? **YES** **NO**

If yes, how was it confirmed:

2. Was baseline serology performed? **YES** **NO** Pathology Provider: _____

PRIORITY ACCESS CRITERIA:

COVID criteria:

3. Evusheld® indication:

Prophylaxis

OR

Treatment

4. Dose administered:

150 mg of each medication = Total 300 mg

OR

300 mg of each medication = Total 600 mg

COVID outcome:

5. Symptom Severity

mild moderate severe

6. Was the patient hospitalised for COVID? **YES** **NO**

If yes, please select all that are relevant:

Required oxygen

Admitted to ICU

Mechanical ventilation

Mortality outcome:

7. Did the patient survive COVID infection? **YES** **NO**

If yes, answer the following:

Is the patient now seronegative? **YES** **NO**

Does the patient have any ongoing symptoms? Please give symptom details:

PRESCRIBER DETAILS

Prescriber Full Name: _____

Position: _____

Email: _____

Phone: _____

I declare that the information provided is accurate at the time of completion

I declare that I have sent the completed form back to CTWG via email to CTWG@health.qld.gov.au **OR** via the MARP portal.



**Queensland
Government**