


REM03_ver1.0 Interim Clinical Commissioning Policy - Remdesivir for patients hospitalised with COVID-19 (adults and children >=12 years) – reference RPS2008			
Patient NHS No:		Trust:	
Patient Hospital No: <input type="text"/> *		Practice Code:	
Patient's Initials and DoB:		GP Postcode:	
Choose Consultant:	<input type="text" value="Search by Co"/> <input type="button" value="select"/>		
Consultant Name:	<input type="text"/> *	Other Contact Details:	<input type="text"/> *
Notification Email Address: <input type="text"/> (@NHS.net account ONLY)			
Treatment Start Date: <input type="text"/>  *			

Please indicate whether patient meets the following criteria:	Please tick
1. I confirm that the patient is an adult, or 12 years old or above and at least 40kg, and is hospitalised with suspected or laboratory confirmed SARS-CoV-2 infection with pneumonia requiring supplemental oxygen.	<input type="radio"/> Yes <input type="radio"/> No * <b>Required</b>
2. I confirm <b>all</b> the following apply: <ul style="list-style-type: none"> <li>• The patient's eGFR is above 30ml/min and they are not receiving renal replacement therapy (note caution is needed in patients with eGFR below 50ml/min)</li> <li>• The patient's ALT is below 5 times upper limit of normal</li> </ul>	<input type="radio"/> Yes <input type="radio"/> No * <b>Required</b>
3. I confirm that the patient will receive remdesivir according to the interim clinical commissioning policy*  * As part of the policy sites are encouraged to submit data through the ISARIC 4C Clinical Characterisation Protocol (CCP) case report forms (CRFs), as coordinated by the COVID-19 Clinical Information Network (CO-CIN)	<input type="radio"/> Yes <input type="radio"/> No * <b>Required</b>