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| Guidance Notes |

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| **REM02\_ver1.3 Early Access to Medicines Scheme Application Form – Early Access to Medicines Scheme Application Form – Remdesivir for the treatment of patients with confirmed COVID-19** | | | |
| **Patient NHS No:** |  | **Trust:** |  |
| **Patient Hospital No:** | \* | **Practice Code:** |  |
| **Patient's Initials and DoB:** |  | **GP Postcode:** |  |
| **Choose Consultant:** | |  |  | | --- | --- | |  | select |   help | | |
| **Consultant Name:** | \* | **Other Contact Details:** | \* |
| **Notification Email Address:**  (@NHS.net account ONLY) | | | |
| **Treatment Start Date:** | Clear selected value   \* | | |
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| **Please indicate whether patient meets the following criteria:** | **Please tick** |
| 1. I confirm that the patient is 12 years old or above and is at least 40kg and is hospitalised with suspected or laboratory confirmed SARS-CoV-2 infection and severe disease\*.  \* Patients with severe disease are those with an SpO2 <= 94% on room air or requiring supplemental oxygen or requiring non-invasive (such as CPAP) or invasive ventilation or extracorporeal membrane oxygenation (ECMO). | |  | | --- | | Yes | | No |   \* Required |
| 2. I confirm **all** the following apply:  • 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)   • The patient’s ALT is below 5 times upper limit of normal | |  | | --- | | Yes | | No |   \* Required |
| 3. I confirm that the patient will receive remdesivir according to the treatment protocol | |  | | --- | | Yes | | No |   \* Required |
| 4. I confirm that the Trust will comply with all data collection requirements that are required, including completion of the mandatory fields of the ISARIC WHO CCP-UK case report form (CRF) | |  | | --- | | Yes | | No |   \* Required |

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