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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).   |

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| 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   |

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| Yes |
| No |

\* Required |
| 3. I confirm that the patient will receive remdesivir according to the treatment protocol |

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| 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) |

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| Yes |
| No |

\* Required |

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