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| **Date Submitted to DPH:** | | Updated OPEM 213 - Resource Request Form – COVID19  Monoclonal Antibodies (mAb) | | | | | | Page 1 of 2  Version 09-22-2021 | |
| **I. REQUESTING AGENCY POINT OF CONTACT - Please Type all Answers** | | | | | | | | | |
| **1**. Requestor’s Name (Please Print) | | | | **2.** Title | | | **3.** Requestor’s Phone No. | | |
| **4**. Requestor’s Organization | | | | | **5**. Requestor’s E-Mail Address | | | | |
| **6**. DELIVERY Address (include any special instructions, such as if there is a loading dock, or a 24/7 number needs to be called, etc.). | | | | | **7**. 24/7 Contact Name and Phone number for delivery issues | | | | |
| **8.** Hours of operations to receive delivery (for example 8:00 am – 3:00 pm M-F) | | | | |
| **II. REQUEST SPECIFICS - Please Type all Answers** | | | | | | | | | |
| **7. Request (Please complete all fields)-Please only request the number of courses you anticipate using in the next seven days** | | | | | | | | | |
| Requested amount (# of courses), pending availability | Type of mAbs | | What quantity do you have on hand? | | | Utilization of mAbs in the past week? | | | Date Need, pending availability |
|  | Bamlanivimab and Etesevimab (Bam/Ete) | |  | | |  | | |  |
|  | Regeneron (casirivimab and imdevimab) | |  | | |  | | |  |

**Continue to next page**

**Page 1 OF 2**

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| **Continuation of form:**  **COVID-19 Specifics** | OPEM 213 - Resource Request Form – COVID19 | Page 2 of 2  Version 03-23-2020 |
| **III. Additional COVID-19 Related Questions – ALL QUESTIONS ARE REQUIRED AND MUST BE FILLED OUT TO THE BEST OF YOUR ABILITY** | | |
| **12.** Number of appointments scheduled for the requested mAbs for the upcoming week?  **Bam/ete:**  **Regeneron:** | | |
| **13.** Are you doing SubQ injection? | | |
| **14**. If we cannot allocate your entire request of Regeneron, can you take Bam/ete? | | |
| **15**. Max number of infusions your facility can do weekly: | | |
| **16**. If you utilized mAbs in the last week the **please indicate the total number of individuals** who received therapy in each category. Note that an individual may be in more than one category:  **#\_\_\_\_\_\_ People of color #\_\_\_\_\_\_ Unvaccinated individuals**  **#\_\_\_\_\_\_ Persons with long term emotional or learning disorders #\_\_\_\_\_\_ Vaccinated individuals**  **#\_\_\_\_\_\_ Persons with physical disability or long-term health disorders** | | |
| **16.** To submit a request, please email completed form to:  [**COVID19.Resource.Request@mass.gov**](mailto:COVID19.Resource.Request@mass.gov) | | |

**Page 2 OF 2**