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| **Date Submitted to DPH:** | Updated OPEM 213 - Resource Request Form – COVID19Monoclonal Antibodies (mAb) | Page 1 of 2Version 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) |  |  |  |

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| **Continuation of form:****COVID-19 Specifics** | OPEM 213 - Resource Request Form – COVID19 | Page 2 of 2Version 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** |

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