NEW ENGLAND
Cancer Specialists

Infusion Center

KENNEBUNK | ROCK ROW | TOPSHAM | PORTSMOUTH
PHONE: (207) 303-3225 | FAX: (207) 692-2473

Evusheld (Cilgavimab & Tixagevimab) Order Form

Patient Name	Middle	Last	DOB

Diagnosis	Diagnosis Code

Height (cm)	Actual Weight (kg)	Allergies

*Please briefly indicate the clinical rationale for Evusheld (i.e. disease state/drug that puts patient at risk).

*Please make sure the ordering provider signs the Patient Consent form attached to this order.

If need be, we will permit the patient to complete the form by physically signing the consent at the time of administration of Evusheld.

EVUSHELD DOSING – STANDARD FOR ALL PATIENTS:

- Dose is divided into two individual antibody components (cilgavimab and tixagevimab): each 300mg/3mL
- Dose is administered as two individual intramuscular injections:
  - One given in each gluteal muscle
- Patient will be observed for one hour after injection

In the event of a hypersensitivity reaction, patients will be treated according to NECS protocols for the management of infusion-room drug reactions.

Provider Name			Provider Signature
Date	Phone	Fax	Pager