

GRAND VIEW HEALTH  
700 Lawn Avenue  
Sellersville, PA 18960

**EVUSHELD  
CONSENT**

FAX COMPLETED CONSENT TO 215-453-4379

I understand that I am being offered the opportunity to receive the monoclonal antibody, EVUSHELD (tixagevimab + cilgavimab). Monoclonal antibody therapies such as EVUSHELD are investigational drugs that have been authorized for use on an emergency basis by the U.S. Food and Drug Administration (FDA) for the pre-exposure prophylaxis of coronavirus 2019 (COVID-19) in individuals who are not currently infected with COVID-19 or with a known recent exposure to a person with COVID-19 **and** a.) who have moderate or severe immune compromise due to a medical condition or medicine/treatment that is immune suppressing **and** may not mount an adequate immune response to COVID-19 vaccination **or** b.) whom vaccination with any available COVID-19 vaccine is not recommended due to a history of severe adverse reaction (i.e. allergic reaction) to the COVID-19 vaccine(s) and/or COVID-19 vaccine components(s). I understand that an investigational drug is a drug that is not yet approved by the FDA. Instead, the FDA issued an emergency authorization because it found that, based on the information currently available, it was reasonable to believe that the known and potential benefits of EVUSHELD outweigh the known and potential risk of the drug for the pre-exposure prophylaxis of COVID-19.

I understand the following statements:

- Because EVUSHELD is investigational, the clinical information currently available about it is limited.
- Serious and unexpected adverse events may occur as a result of treatment with EVUSHELD that have not been previously reported.
- **I may refuse** to receive treatment with EVUSHELD. Even if I am scheduled for treatment, I may cancel or stop it at any time.
- My application is not a guarantee of treatment. Grand View Health will have to review my case, among others. If there are more applicants than treatment doses available, a first-come, first-served methodology may be used to select patients.
- EVUSHELD is not indicated for patients with a current active infection with COVID-19. Grand View Hospital may COVID test you on admission to the hospital for EVUSHELD therapy.
- If I am selected to receive treatment with EVUSHELD, it will be two intramuscular injections, followed by a 1 hour period of monitoring at the hospital.

I have been given a copy of "Fact Sheet for Patients, Parents and Caregivers" for EVUSHELD that describes the currently known possible risk and side effects of, benefits of, and alternatives to EVUSHELD treatment, and that document has been explained to me.

I have had the opportunity to discuss with my physician, who has explained the risks and benefits of the treatment and alternatives of treatment. All of my questions have been answered.

Date

Time

Signature of Patient

**If this consent is signed by the patient's authorized representative, the reason for this shall be inserted and the authorized person's signature shall then be witnessed.**

Reason: \_\_\_\_\_

Date

Time

Signature of Authorized Representative

Relationship

Date

Time

Witness Signature

**ATTENTION STAFF: if obtaining patient consent via telephone or tele-health, your signature below certifies that You have read this document clearly in its entirety to the patient. You and your witness must be staff members over 18 years of age.**

Full Name of Staff Member Obtaining Consent

Date

Time

Full Name of Witness Staff Member

Signature of Staff Member Obtaining Consent

Signature of Witness Staff Member



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