

Remdesivir Request Form

Complete a form for each hospital.

HOSPITAL NAME	

PHARMACY INFORMATION	
Pharmacy Point of Contact Name	
Pharmacy POC Phone Number	
Pharmacy POC Email	
Pharmacy Address (For distribution location)	

REMDESIVIR REQUEST	
Total Number of COVID+ Hospitalized Patients	
Cases of Remdesivir Requested (40 doses/case)	

*Patients must meet the following criteria:

- Laboratory-confirmed COVID-19
and
- Oxygen saturation (SpO2) \leq 94% on room air or requiring supplemental oxygen OR requiring invasive mechanical ventilation or requiring ECMO

SUBMIT