

Bamlanivimab Consent Form (SAMPLE)

Your physician has ordered a medicine called bamlanivimab for the treatment of coronavirus disease 2019 (COVID-19). Bamlanivimab is an investigational medicine used for the treatment of COVID-19 in non-hospitalized adults with mild to moderate symptoms and who are at high risk for developing severe COVID-19 symptoms or the need for hospitalization.

The FDA has authorized the emergency use of bamlanivimab for the treatment of COVID-19 under an Emergency Use Authorization (EUA). Receiving bamlanivimab may benefit certain people with COVID-19.

Bamlanivimab is given to you through a vein (intravenous or IV) for at least 1 hour. You will receive one dose of bamlanivimab by IV infusion.

Possible side effects of bamlanivimab are:

- Allergic reactions: fever, chills, nausea, headache, shortness of breath, low blood pressure, wheezing, swelling of your lips, face, or throat, rash including hives, itching, muscle aches, and dizziness.
- The side effects of getting any medicine by vein may include brief pain, bleeding, bruising of the skin, soreness, swelling, and possible infection at the infusion site.
- These are not all the possible side effects of bamlanivimab

I _____ (or legal guardian/representative) have been informed about the potential benefits and risks of Bamlanivimab and have received *the Fact Sheet for Patients, Parents and Caregivers Emergency Use Authorization (EUA) of Bamlanivimab for Coronavirus Disease 2019 (COVID-19)*.

Select one of the following (place an X in the box that you agree with)

Consent or agree to use bamlanivimab infusion

Decline use of bamlanivimab.

Date

Resident Signature

Date

Signature/Title – Witness

I, _____, the responsible party for _____
Representative *Name of Resident*
who is my _____ and a resident of this facility, hereby give my permission for the
Relationship
facility to administer bamlanivimab infusion.

Date

Representative Signature

A copy of this form is a permanent part of the resident's medical record