



VANCOUVER CLINIC[®]
ADULT AMBULATORY NON-CHEMO
INFUSION REFERRAL and ORDER

Attn: Infusion Department

Golimumab (SIMPONI ARIA[®])

NAME:
DOB:
INSURANCE:
PROVIDER NAME:
CLINIC NAME and Phone number:

Weight: _____ lb/kg Height: _____ inch/cm

Diagnostic Code ICD-10: _____ Diagnosis: _____

Initial Consult Annual Renewal

Treatment Start Date: _____

****These orders will expire after 365 days; new orders are needed after the expiration date****

This form serves as a referral to infusion services and for medication ordering.

Patients will be seen by our internal infusion clinician for purposes of providing care.

GUIDELINES FOR ORDERING:

- Send FACE SHEET and H&P, relevant labs and/or most recent chart note
- Vancouver Clinic infusion service will initiate Adverse Reaction Algorithm per our service protocol.
- Pre-medication(s) based on protocol (if needed)
- If pre-screening test and labs are not accessible through Epic, please fax a copy of request lab as well (see below). Otherwise, authorized Vancouver Clinic infusion clinician to order the lab.
- Patient must be able to ambulate independently (if patient needs assistance with restrooming, a personal caregiver or capable family member must accompany and remain with patient for the duration of the appointment).

PRE-SCREENING/LAB:

- CBC with differential
- Hepatitis B surface antigen and core antibody total
- Tuberculin test (PPD or QuantiFERON Gold blood test). If result is indeterminate, a follow up chest X-ray must be performed to rule out TB.

MEDICATIONS:

Golimumab (SIMPONI ARIA[®])

- Induction and Maintenance: 2 mg/kg = _____ mg (dose will be rounded to the nearest 50 mg) in sodium chloride 0.9% intravenous, over 30 minutes. Every 4 weeks for 2 treatments (week 0, 4), then every 8 week thereafter.
- Maintenance Only: 2 mg/kg = _____ mg (dose will be rounded to the nearest 50 mg) in sodium chloride 0.9% intravenous, over 30 minutes. Every 8 weeks, next dose due _____

Please fax the completed form and pertinent information to Fax: 360-604-1776

Vancouver Clinic Outpatient Infusion Service - 700 NE 87th Ave Suite 330, Vancouver, WA 98664
Phone: 360-541-3245



VANCOUVER CLINIC[®]
ADULT AMBULATORY NON-CHEMO
INFUSION REFERRAL and ORDER

Attn: Infusion Department

Golimumab (SIMPONI ARIA[®])

NAME:
DOB:
INSURANCE:
PROVIDER NAME:
CLINIC NAME and Phone number:

Provider's signature: _____

Provider's printed name: _____ Date: _____

Please fax the completed form and pertinent information to Fax: 360-604-1776

Vancouver Clinic Outpatient Infusion Service - 700 NE 87th Ave Suite 330, Vancouver, WA 98664
Phone: 360-541-3245