Infectious & Autoimmune Encephalitis (IAE) - Neuroinflammatory Disorders Referral Form

Please complete and fax the referral form to
IAEreferrals@soleohealth.com | p: 866.288.8250 | f: 866.288.8698

PATIENT INFORMATION			
Patient Name	DOB	Contact Phone	
Address	City	State	Zip
Gender ☐M ☐F	Social Security, last 4 digits	Weight (lb.)	Height (in.)

PRESCRIBER INFORMATION			
Ordering Prescriber	Prescriber NPI		
Practice Name	Phone	Fax	
Practice Address	City	State	Zip

ICD 10 DIAGNOSTIC CODES AND DESCRIPTIONS (include all that apply)	
ICD 10 Code	Description

REQUIRED DOCUMENTATION			
☐Insurance Cards	☐ HPI and Clinical Encounter Notes (if applicable, the 3 most recent)	☐ Most Recent Labs	☐ Medication List

ADDITIONAL INFORMATION (if Available from the Patient's Medical History)			
Supportive Diagnostic Testing			
☐ CSF testing	☐CT (chest, abdomen, pelvis, paranasal sinus)	☐ ECG	☐ EEG
☐ MRI	☐ PET or SPECT	☐ PSG (Polysomnography)	

Blood Tests	
☐ Antinuclear Antibody Panel (ANA)	☐ Immunoglobulin Quantitative: IgG, IgA, IgM
☐ Anti-Streptolysin O (ASO)	☐ Lymphocyte subset panel (both absolute and percentages) CD3, CD4, CD8, CD19 and CD56
☐ Autoimmune Brain Panel (formally known as the Cunningham Panel)	☐ Serologic testing for infectious causes (Bacteria, Viruses, Parasites)
☐ CBC, CMP	☐ Serum testing for antibodies associated with autoimmune encephalitis
☐ Erythrocyte Sedimentation Rate (ESR), C-reactive protein, Ferritin	☐ Streptococcus Pneumonia Antibody
☐ Immunoglobulin (IgG) subclass panel (1-4)	☐ Thyroid peroxidase (TPO) and Thyroglobulin (Tg) Antibody test
☐ Neurocognitive Tests	
☐ Assessments, Scales, Questionnaires	
☐ Other	

TREATMENT PLAN

IMMUNOGLOBULIN

The Pharmacy will select the product based on clinical indication, product availability and payor requirements.

Administration Route ☐ IV ☐ SCIG ☐ Allow rounding to the nearest 5 gram vial size

Loading gm/kg x days

Maintenance gm/kg x days, every weeks

OTHER TREATMENTS

Include dosage, brand preference, frequency, and any other special instructions

PREMEDICATION

- ☐ NaCL 0.9% (IV prior to IG)
- ☐ NaCL 0.9% (IV post IG)
- ☐ Dexamethasone IV
- ☐ Methylprednisolone IV

Dispense as written Substitution Permitted

- ☐ Emla cream (or generic equivalent) PRN for peripheral IV or port
- ☐ Ondansetron, orally disengaging tablet (ODT)
- ☐ OTHER:

NURSING

Skilled RN to establish and maintain vascular access as needed, draw ordered labs, conduct patient assessments, and educate on home infusion, medication administration, self-monitoring and safety.

The Pharmacy may contact the prescriber to comply with state-specific requirements. The prescriber is required to comply with any applicable state-specific prescription requirements (e.g., e-prescribing, prescription forms).