



Doctor's Order Sheet
**CISplatin 75 - PACLitaxel 175
- Kanjinti® (trastuzumab)
6 mg/kg Cycles 7+ Regimen**

ARIA Protocol Name: Cisp75 Pac175 Kanjinti (trastuzumab)
Adult Chemotherapy - Gynecologic Oncology
Advanced Endometrial Cancer Therapy

Name: _____

HCN: _____

Date of Birth: _____



CC3880 0199 05 2022

Weight: _____ kg Height: _____ cm Body Surface Area (BSA) = _____

Allergies:

No Known

Date: DD/MONTH/YYYY Planned Administration Date: DD/MONTH/YYYY
Cycle _____ of _____ **Cycle Duration: 21 days** Date of previous cycle: DD/MONTH/YYYY

ROUTINE BLOODWORK NOT REQUIRED:

- CBC as clinically indicated
- LFTs and Bilirubin assessed, as clinically indicated

PREMEDICATIONS:

Other: _____

CHEMOTHERAPY (FOR HOSPITAL PHARMACY):

Kanjinti® (trastuzumab) 6 mg/kg X Weight (kg) = _____ mg
IV in 250 mL normal saline over 30 minutes on day 1

PLEASE REFER TO CHEMOTHERAPY LETTER WHEN ORDERING SUPPORTIVE MEDICATIONS FOR THIS PATIENT

Authorized Prescriber: _____ Date: DD/MONTH/YYYY Time: _____

Authorized Prescriber's Signature: _____ ID #: _____

Nurse's Name: _____ Date: DD/MONTH/YYYY Time: _____

Nurse's Signature: _____

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