

Doctor's Order Sheet

**Perjeta® (PERTuzumab) 840 mg
- Kanjinti® (trastuzumab)
8 mg/kg Regimen: Cycle 1**

ARIA Protocol Name: Pertuzumab/Kanjinti (trastuzumab) Reload with Maintenance
Adult Chemotherapy - Medical Oncology
Metastatic Breast Cancer Therapy

Name: _____

HCN: _____

Date of Birth: _____



CC3960 0207 06 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):

Perjeta® (PERTuzumab) 840 mg

IV in 250 mL normal saline over 60 minutes on day 1

Kanjinti® (trastuzumab) 8 mg/kg X Weight(kg) = _____ mg

IV in 250 mL normal saline over 90 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: _____

THIS IS A CONTROLLED DOCUMENT. PLEASE ENSURE THAT YOU ARE READING THE MOST RECENT VERSION.