

Name: _____

HCN: _____

Date of Birth: _____

Doctor's Order Sheet

**Durvalumab 1500 mg - CISplatin 70 -
gemcitabine 1000**

Regimen: Cycles 5+

ARIA Protocol Name: Durvalumab 1500 mg - Compassionate

Adult Chemotherapy - Medical Oncology

Neoadjuvant Bladder Cancer Therapy



CC8060 0626 01 2026

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

Allergies:		<input type="checkbox"/> No Known
Date: <u>DD/MONTH/YYYY</u>	Planned Administration Date: <u>DD/MONTH/YYYY</u>	
Cycle _____ of _____	Cycle Duration: 28 days	Date of previous cycle: <u>DD/MONTH/YYYY</u>
MAY PROCEED WITH DOSES AS WRITTEN IF:		
<ul style="list-style-type: none"> • CBC with differential assessed. • LFTs and Bilirubin assessed. • Creatinine clearance assessed. • Thyroid function assessed. 		
PREMEDICATIONS: None recommended		
<input type="checkbox"/> Other: _____		
CHEMOTHERAPY (FOR HOSPITAL PHARMACY):		
<input type="checkbox"/> durvalumab 1500 mg IV in 100 mL normal saline over 60 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.