

PROTOCOL CODE: GOOVNIRM

DOCTOR'S ORDERS		Ht _____ cm	Wt _____ kg	BSA _____ m ²
REMINDER: Please ensure drug allergies and previous bleomycin are documented on the Allergy & Alert Form				
DATE:	To be given:	Cycle(s) #:		
Date of Previous Cycle:				
<input type="checkbox"/> Delay treatment _____ week(s) On day of treatment: <input type="checkbox"/> CBC & Diff, Platelets				
May proceed with doses as written if within 72 hours ANC greater than or equal to 1.0 x 10⁹/L, Platelets greater than or equal to 100 x 10⁹/L, Hemoglobin greater than or equal to 80 g/L.				
Dose modification for: <input type="checkbox"/> Hematology <input type="checkbox"/> Other Toxicity: _____ Proceed with treatment based on blood work from _____				
CHEMOTHERAPY:				
niraparib <input type="checkbox"/> 300 mg PO once daily (select one) <input type="checkbox"/> 200 mg PO once daily <input type="checkbox"/> 100 mg PO once daily				
Mitte _____ weeks Repeat x _____				
RETURN APPOINTMENT ORDERS				
<input type="checkbox"/> Return in four weeks for Doctor and Cycle _____ (1 cycle = 4 weeks) <input type="checkbox"/> Return in _____ weeks for Doctor and Cycle _____ (1 cycle = 4 weeks) <input type="checkbox"/> Last Cycle. Return in _____ week(s).				
Cycle 1: CBC & Diff, Platelets <input type="checkbox"/> weekly x 4 weeks <input type="checkbox"/> on day 14 Every four weeks (cycles 2 to 12): CBC & Diff, Platelets, blood pressure measurement prior to each cycle After cycle 12: CBC & diff, platelets <input type="checkbox"/> every four weeks <input type="checkbox"/> prior to RTC If indicated: <input type="checkbox"/> CBC & Diff, Platelets on day 14. If clinically indicated: <input type="checkbox"/> Creatinine <input type="checkbox"/> ALT <input type="checkbox"/> bilirubin <input type="checkbox"/> Alk Phos <input type="checkbox"/> CA 125 <input type="checkbox"/> CA 15-3 <input type="checkbox"/> CA 19-9 <input type="checkbox"/> CEA <input type="checkbox"/> CT C/A/P in _____ weeks. <input type="checkbox"/> Other tests: <input type="checkbox"/> Consults: <input type="checkbox"/> See general orders sheet for additional requests.				
DOCTOR'S SIGNATURE:				SIGNATURE:
				UC: