DukeMedicine

Division of Cellular Therapy

DOCUMENT NUMBER: ABMT-GEN-025 FRM3

DOCUMENT TITLE:

Physician Order Sheet Extracorporeal Photopheresis-ECP

DOCUMENT NOTES:

Document Information

Revision: 04	**Vault:** ABMT-General-rel
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Form M0345

DUKE UNIVERSITY HEALTH SYSTEM

Name: _____

History #: _____

Date: _____

ABMT-GEN-025 FRM3 Physician Order Sheet Extracorporeal Photopheresis (ECP)

Patient Diagnosis: _____

Ordering/Requesting Physician: _____

The prescribed ECP therapy will consist of: (check the appropriate box)

- ☐ **Initial Therapy (GVHD/Organ Rejection)**
  - ○ **Two treatments weekly for a total of 24-36 treatments.**

- ☐ **Initial Therapy (CTCL patients)**
  - ○ **Two to Four treatments monthly for a total of 12-24 treatments.** (Please circle two or four)

- ☐ **Maintenance Therapy**
  - ○ **_____ Treatments (every)**
    - ☐ **Weekly**
    - ☐ **Every Other Week**
    - ☐ **Monthly**
    - ☐ **Every _____ Weeks**
  - ○ **For a total of _____ treatments**

- ☐ **On-Study Research** (Enter Research Study Name)

  _____

***Treatments shall be on consecutive or non-consecutive days.**

Labs: * A CBC will be drawn on day one of each session.
(Please specify when you would like the below to be drawn)

- ☐ **CMP ____**
- ☐ **Mg ____**
- ☐ **IgG ____**
- ☐ **CMV ____**
- ☐ **Tacrolimus ____**
- ☐ **Any additional labs and frequencies please list below:**

_____

_____ _____/_____/_____

Physician Signature Date

Signature Manifest

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All dates and times are in Eastern Time.

ABMT-GEN-025 FRM3 Physician Order Sheet Extracorporeal Photopheresis-ECP

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Document Release

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