

PEDS-C THERAPY DOSE ADJUSTMENT FORM

PDC 39
Rev 0
01/06/2005
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Please Use Black Pen To Fill Out Form.

52209

Week #	Date of Assessment	Patient ID	Patient Letter Code	
<i>week</i>	<i>assessdt</i>	<i>idn</i>	<i>letcode</i>	Corrfix Correction
mm	dd	yyyy		

Instructions:

Use this form for all therapy groups to report a change in therapy dosage. Report the first therapy dosages for both drugs on the Baseline Assessment.

PEG 2A

CRA Use
Only

1. Was the dosage of Peg2a changed?

Yes No *tdapeg*

If No, skip to item 9.

2. Date of the change:

tdapegdt mm / dd / yyyy

3.A. Previous dosage:

tdapegpdos mcg

B. No dose: *tdapegnopdos*

4.A. New dosage:

tdapegndos mcg

B. No dose: *tdapegnondos*

5. Was the dosage reduced?

Yes No *tdapegrdc*

If No, skip to item 7.

6. Reason for reducing the dosage (Answer each item)

A. Low absolute neutrophil count:

Yes No *tdapegrdcneuro*

B. Low platelet count:

Yes No *tdapegrdcplat*

C. Elevated serum ALT:

Yes No *tdapegrdcalt*

D. Screening to most recent BSA change > 10 %:

Yes No *tdapegrdcbsa*

E. Other:

Yes No *tdapegrdcothr*

Specify: _____

7. Was the dosage of raised?

Yes No *tdapegras*

If No, skip to item 9.

8. Reason for raising the dosage (Answer each item):

A. Low absolute neutrophil count improved or resolved:

Yes No *tdapegrasneuro*

B. Low platelet count improved or resolved

Yes No *tdapegrasplat*

C. Elevated serum ALT improved or resolved:

Yes No *tdapegrasalt*

D. Screening to most recent BSA change > 10 %:

Yes No *tdapegrasbsa*

E. Other:

Yes No *tdapegrasothr*

Specify: _____

Signature: _____

Certif. #: _____

staffid1 - _____

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10057

Week #	Date of Assessment	Patient ID	Patient Letter Code	corrfix Correction
<i>week</i>	<i>assessdt</i>	<i>idn</i>	<i>letcode</i>	
<input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/> - <input type="text"/> - <input type="text"/>	<input type="text"/>	
	<small>mm dd yyyy</small>			

RIBAVIRIN

CRA Use Only

9. Was the dosage of RV changed?

Yes No

 tdarv

If **No**, skip to Signature and Certif. #.

10. Date of the change:

tdarvdt / /

mm dd yyyy

11. Previous dosage:

A. In AM

tdarvpdosam mg

B. In PM

tdarvpdospm mg

C. No dose:

tdarvnopdos

12. New dosage:

A. In AM

tdarvndosam mg

B. In PM

tdarvndospm mg

C. No dose:

tdarvnondos

13. Was the dosage reduced?

Yes No

 tdarvrdc

If **No**, skip to item 15.

14. Reason for reducing the dosage (Answer each item)

A. Anemia:

 tdarvrdcanem

B. Indirect hyperbilirubinemia:

 tdarvrdochbili

C. Screening to most recent BSA change > 10 %:

 tdarvrdcbsa

D. Other:

 tdarvrdcotr

Specify: _____

15. Was the dosage raised?

Yes No

 tdarvras

If **No**, skip to Signature and Certif. #.

16. Reason for raising the dosage (Answer each item)

A. Anemia improved or resolved:

 tdarvrasanem

B. Indirect hyperbilirubinemia improved or resolved:

 tdarvrashbili

C. Screening to most recent BSA change > 10 %:

 tdarvrasbsa

D. Other:

 tdarvrasotr

Specify: _____

Signature: _____

Certif. #:

staffid2 -