

GROWTH FACTOR FORM

Instructions: Complete one line for each week that the patient receives growth factor. Page 1, Line 1 is the start date of growth factor. Then when the dose changes or a different growth factor is prescribed, record the start date of the new prescription, drug and dosing information.

Line	Date (mm/dd/yy)	Blood Component	Growth Factor	Total injection dose	Frequency
			10 = Procrit 11 = Epogen 12 = Aranesp 20 = Neupogen		1 = 1 dose/wk 2 = 2 doses/wk 3 = 3 doses/wk
1	___/___/___	<input type="checkbox"/> 1 RBC <input type="checkbox"/> 2 WBC <input type="checkbox"/> 3 Platelet			
2	___/___/___	<input type="checkbox"/> 1 RBC <input type="checkbox"/> 2 WBC <input type="checkbox"/> 3 Platelet			
3	___/___/___	<input type="checkbox"/> 1 RBC <input type="checkbox"/> 2 WBC <input type="checkbox"/> 3 Platelet			
4	___/___/___	<input type="checkbox"/> 1 RBC <input type="checkbox"/> 2 WBC <input type="checkbox"/> 3 Platelet			
5	___/___/___	<input type="checkbox"/> 1 RBC <input type="checkbox"/> 2 WBC <input type="checkbox"/> 3 Platelet			
6	___/___/___	<input type="checkbox"/> 1 RBC <input type="checkbox"/> 2 WBC <input type="checkbox"/> 3 Platelet			
7	___/___/___	<input type="checkbox"/> 1 RBC <input type="checkbox"/> 2 WBC <input type="checkbox"/> 3 Platelet			
8	___/___/___	<input type="checkbox"/> 1 RBC <input type="checkbox"/> 2 WBC <input type="checkbox"/> 3 Platelet			
9	___/___/___	<input type="checkbox"/> 1 RBC <input type="checkbox"/> 2 WBC <input type="checkbox"/> 3 Platelet			
10	___/___/___	<input type="checkbox"/> 1 RBC <input type="checkbox"/> 2 WBC <input type="checkbox"/> 3 Platelet			