



FILGRASTIM (G-CSF) USAGE FORM

FOR IN-PATIENT USE SUBMIT TO: BCCA PHARMACY 600 WEST 10TH AVENUE, VANCOUVER, BC V5Z 4E6 FAX: (604) 708-2026

FOR OUT-PATIENT USE SUBMIT TO: PHARMACARE, BOX 9655, STN PROV GOVT, VICTORIA, BC V8W 9P2 FAX: 1-800-609-4884

Please complete for each new patient

Patient Name, Diagnosis, Physician, BCCA#, PHN#, Hospital, Prescriber's College ID #, FAX# (for response from PharmaCare)

Form completed by (print name)

Inpatient, Outpatient checkboxes

INDICATION (Italics denotes revision)

Please check appropriate box

- 1. Post-BMT to stimulate bone marrow engraftment (Start greater than or equal to d+1)
Post-BMT for rescue of failure to engraft (Start greater than or equal to d+14)
Pre-BMT to augment or prime stem cell and progenitor cell collection before peripheral blood harvest.

Date of BMT

- 2. Pre-BMT after high dose cyclophosphamide for multiple myeloma
For rescue of prolonged febrile neutropenia following chemotherapy ANC Date
3. To prevent neutropenia which interferes with delivery of standard doses of adjuvant chemotherapy in potentially curative chemotherapy regimens meeting the following criteria:
greater than or equal to 2nd cycle of adjuvant chemotherapy AND potentially curative regimen

Table with 2 columns and 4 rows of curative regimens for leukemia, breast cancer, sarcoma, lymphoma, genitourinary, colorectal, lung cancer, and gynecological patients.

- 4. Patients with benign disorders
chronic benign cyclical neutropenia
myelodysplastic disorders or aplastic anemia awaiting bone marrow transplantation
5. For BCCA use only
Clinical Trials Use - Protocol code required

Daily Dose, Route checkboxes (300 mcg, 480 mcg, SC, IV)

Date received, Date entered, Date checked, Follow-up required (Yes/No)