



Provincial Health Services Authority

Treatment Discontinuation Form

Tumour Treating Fields

Protocol Code UCNTTF. Palliative Therapy of Glioblastoma using Tumour Treating Fields (TTF) (OPTUNE GIO™), Neuro-Oncology Tumour Group, BC Cancer

ALL FIELDS MUST BE COMPLETED

Email completed form to: ProvincialTxCoordination@bccancer.bc.ca

This space is available for a patient sticker (optional)

PATIENT INFORMATION

LAST NAME

FIRST NAME

DATE OF BIRTH (MONTH/DAY/YEAR)

PHN

REASON FOR TREATMENT DISCONTINUATION

- DISEASE PROGRESSION
- PATIENT PREFERENCE
- TOXICITY
- OTHER, SPECIFY:

TREATMENT END DATE

SPECIFY (MONTH/DAY/YEAR):

MOST RESPONSIBLE PHYSICIAN INFORMATION

LAST NAME

FIRST NAME

MSP NUMBER

PHYSICIAN SIGNATURE

DATE (MONTH/DAY/YEAR)

X