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| --- | --- | --- | --- | --- | --- |
| **Regimen name** | Click or tap here to enter text. | **Regimen version** |  | **Regimen Date** | **Enter Date** |
| **Test Patient name** | Click or tap here to enter text. | **Cycles to be ordered** | Click or tap here to enter text. | | |
| **References used** | Click or tap here to enter text. | | | | |

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| **LOG IN TO ARIA MANAGER AT EITHER THE “TEST LOCATION – OUTPATIENT” LOCATION FOR ADULT REGIMENS OR “TWH PAED – TEST LOCATION” FOR PAEDIATRIC REGIMENS** AND OPEN THE RECORD OF THE TEST PATIENT STATED ABOVE THEN GO TO THE “RX” ICON |
| An agent list and event list will be sent along with the validation paperwork. The list of agents will show how many drugs are in the regimen and the event list will show how often they are scheduled. All drugs must be fully checked on the first occasion that they appear following the steps below. On subsequent occurences, only their scheduling and position in the prescription being correct as per the reference protocol needs to be checked as all other information will remain the same regardless of when it is scheduled. For example, if there is a single gemcitabine drug entry and gemcitabine is scheduled on days 1, 8, 15 & 22 of the cycle, the drug details and admin instructions need to be checked on day 1, then only the scheduling and drug position needs to be checked on day 8, 15 & 22 |

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| **CHECKLIST 1** |

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| **ACTION** | | | | | | **🗸 or 🗶** |
| Select the tumour site folder then the regimen to be tested by clicking on it once. The required regimen will have a red dot next to it to indicate that it is in testing | | | | | | |
| **A.** | Does the regimen appear in the correct folder(s)? | | | | |  |
| **B.** | Next to the drop down menu bar check that the cycle length is correct? | | | | |  |
| **C.** | Is the standard number of cycles correct? | | | | |  |
| **D.** | Do all treatment days appear and are the appropriate drugs listed for each day? | | | | |  |
| **E.** | Click on the Information text box on the right-hand side to open up the Plan Summary window. Check that all of the information is correct and matches the treatment protocol. This should include: Regimen name and indication, treatment drugs, doses, routes and days, treatment intent, cycle length and course duration, references (including change control), signpost to full protocol | | | | |  |
| ORDER THE REGIMEN FOR THE TEST PATIENT, THEN CHECK THE FOLLOWING | | | | | | |
| **F.** | For each drug, are the following details correct, where applicable? Form, Administration route, Frequency, Diluent type and volume, Infusion duration | | | | |  |
| **G.** | Are all doses, flat and calculated, correct according to the protocol? | | | | |  |
| **H.** | If there are any drug-specific administration instructions, check that they are correct by clicking on the Admin instructions | | | | |  |
| COMPLETE THE ‘ORDERED BY’, ‘START ON’ (ENTER TODAY’S DATE), ‘LINE OF TX’, ‘TX INTENT’ AND ‘TX USE’ FIELDS, THEN CLICK ‘APPROVE ALL’ BUTTON TO APPROVE THE TREATMENT CYCLE. | | | | | | |
| **I.** | In the ‘Treatment’ tab, does the approved cycle appear as ordered | | | | |  |
| **J.** | If the cycle consists of multiple treatment days are these scheduled at the correct intervals? | | | | |  |
| IF THE REGIMEN CONSISTS OF CYCLES SET UP DIFFERENTLY EACH DIFFERENT CYCLE MUST BE TESTED BY ORDERING EACH CYCLE AND REPEATING SECTIONS F-J FOR ALL CYCLES SPECIFIED ABOVE | | | | | | |
| **ERRORS/COMMENTS** | | | Click or tap here to enter text. | | | |
| **I confirm that the regimen has passed all required tests** | | | | | | |
| **Validation Completed by** | | Click or tap here to enter text. | | **Signed** | Click or tap here to enter text. | |
| **Designation** | | Click or tap here to enter text. | | **Date** | | |