|  |  |
| --- | --- |
| **REGIMEN NAME** | Click or tap here to enter text. |
| **REGIMEN VERSION** |   | **TEST PATIENT** | Click or tap here to enter text. | Click here to enter a date. |
| **REFERENCES INCLUDING VERSIONS**  | Click or tap here to enter text. |

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| **START TREATMENT WINDOW** | **CYCLE(S) & DAY(S) TESTED**Always check cycle 1 all days then also any subsequent cycles which differ from the first | **AMENDMENTS/COMMENTS** |
|  |  |  |  |
| Disease site, cancer category, number of cycles and cycle length |   |   |   |   | Click or tap here to enter text. |
| Drugs sequence |   |   |   |   | Click or tap here to enter text. |
| Drug name, form, dose and frequency |   |   |   |   | Click or tap here to enter text. |
| Admin instructions (where appropriate) |   |   |   |   | Click or tap here to enter text. |
| Treatment days/cycles |   |   |   |   | Click or tap here to enter text. |
| Plan summary |   |   |   |   | Click or tap here to enter text. |

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| **I CONFIRM THAT I HAVE COMPLETED THE BUILDING OF THIS REGIMEN AND IT CAN NOW BE SENT FOR PHARMACIST VALIDATION** |
| **Regimen build 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. | Click here to enter a date. |