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| TREATMENT ADMINISTRATION FORM [TA] | |
|  | |
| Cycle number *[TACYCLE]* | |\_\_|\_\_|\_\_| |
| Treatment administered? *[TAYN]* | 🌕 1-Yes 🌕 0-No |
| If no, specify the reason *[TA\_R]*  If other, specify please *[TA\_S]* | |\_\_|   1. Toxicity 2. Investigator’s decision 3. Organization problem 4. Patient refusal 5. Error   99- Other  ……………………………………………………………………………………… |
| Date of treatment administration *[TADT]* | |\_\_|\_\_|/|\_\_|\_\_|/|\_\_|\_\_|\_\_|\_\_|DD/MM/YYYY |
| Theoretical total dose received during the cycle (mg) *[TADOSE\_T]* | |\_\_|\_\_|\_\_| |
| Total dose received during this cycle (mg)*[TADOSE]* | |\_\_|\_\_|\_\_| |
| If total dose received is different from theoretical dose, reason *[DOSEDIF\_R]* | 🌕 1-Dose modification during the cycle  🌕 2-Dose discontinuation during the cycle  🌕 3-Dose modification and discontinuation  🌕 99-Other |
| If other, specify *[DOSEDIF\_S]* |  |
| Dose modification [DMOD] |  |
| Type of modification *[TADMOD\_T]* | 🌕 1-Dose reduced 🌕 2-Dose increased |
| Reason for modification *[TADMOD\_R]* | |\_\_|   1. Toxicity 2. Organization problem 3. Patient refusal 4. Physician decision 5. Error 6. Other |
| If other, specify *[TAMOD\_S]* |  |
| Start date of dose modification *[TAMOD\_DT]* | |\_\_|\_\_|/|\_\_|\_\_|/|\_\_|\_\_|\_\_|\_\_|DD/MM/YYYY |
| Dose discontinuation details *[DISC]* |  |
| Reason for discontinuation *[TADISC\_R]* | |\_\_|   1. Toxicity 2. Organization problem 3. Patient refusal 4. Physician decision 5. Error 6. Other |
| If other, specify *[TADISC\_S]* |  |
| Number of days of dose discontinuation during this cycle *[DISCNBD]* | |\_\_|\_\_| |
| Next cycle *[CYCLENXT]* |  |
| Will the patient continue the treatment? *If no, please complete the End of Treatment form* | 🌕 0-No 🌕 1-Yes |