OR ORANGE MC REGIONAL HEDICAL SENTER TO BE COMPLETED B	BY PHYSICIAN:	CHEMOTH ORDE	RS	Name: Killi	· 5	(ZO(5	bel
							150(20)
	<u>012020</u>		Date of Adm	inistration:	<u> 2 (2 (</u>	2020	}
Diagnosis:	<u>)5८८८ </u>		TNM Stage:				
Protocol / Regimen -			Cu-1- C	- (()	All All	orgies:	NKDA
Carbo	(Taxol diation	tx	Cycle 3	of 6-7			
Venous Access:	Peripheral ()	Central					
Height Wei			ody Surface	Emetic Le	vei i		}
	(h) (h) Ideal B No () Adjus O Dosin	eted A	rea (m²) (, 식 식	Minim Mode Mode	rai		
	C/DIFF X	вмр 🔀 м	agnesium [JUA A	o de	HC.	
Hold Parameters:	_			West O.	3.	* will	lea ve Carno 50-mest
ANC less than: (SDD)	VBC less than:	OCOPLT loss t	<u>han: (Œ⁄ Hg</u>	b/Hc <u>t less tha</u> r	n: S	Gr greater t	han:
Non-chemotherapy or	<u>ders:</u>				RP.	n Initlals / N	lurso initials
IV Fluids: NS @	KVO (20 mUhr)			~ 		.,	
Overne	<u>dr: Dex</u>	amethas	one (21	na IV		Į	
•		rad ry (na Iv			
	1	, 1	_	,			
20 ran 16 eng IV							
					}		
Solution, volume and in agents will be rounded of the nearest vial size	down to nearest vi	al size if within :	5% of calculate	ed dose. Blologi ister chemother	cal agents	will be roun	ded down to
	Dose per	Dose		Dose			RPh /
Chemotherapy	Unit	Reduction*	Calculated	Dispensed (Rounding to	Route	Infusion /	Nurse
••	(m², kg, AUC)	(mg/m², mg/kg, AUC)	Dose	he completed		Rate	initials
	<u>.</u> .	mg/kg, AGC/		by RPh)		<u> </u>	
Paclitaxel	45mg/nt	<u> </u>	65 mg		IV	[
Paclitaxel Carpopladin	AUC 2		185 Mg		IV		
<i>,</i>			7				
		_			 		
*If using a dose reduction, please provide rationals:							
MD Name (Print)		MD Signatu	roller	<u></u>	Date/Ti	me <u>2/</u>	<u>10/2020</u> 1:00
RN Name (Print) RN Signature					me	- 000	
RPh Name (Print)		RPh Signatu	Ire		Date/Ti	me	

Feb. 10. 2020 3:54PM 2/003 Pa:No. 4097 P. 2/3



Laboratory Director: Yong Ke, MD, PhD

CLIA # 33D0141489

	lealthcare up client		Report Status:InProcessUnspe
	SPECIMEN INFORMATION	PATIE	NT INFORMATION TO THE STATE OF
Order Number:	CRP9256233	Account ID: 397245	
Draw Date:	2/10/2020 12:09:27PM	Name: Killian, Lyn	n
Ordering Provider:	Kondagunta MD, Gnanamba	DOB: 05/20/1956	
	51 Emerald Place	\$\$N: xxx-xx-970	7
	Rock Hill, NY 127756049	Phone: 845-292-025	
		_	June 1
TEST	RESULT	UNITS	REF RANGE
<u>Sample ID: 102438</u>	<u>97</u>		
CMP:		• • • • • • • • • • • • • • • • • • • •	Result Date:2/10/2020 12:47:00PM
Sodium	133 (L)	mmol/L	136-145
otassium	4.7	mmol/L	3.5-5.2
Thioride	97 (L)	mmol/L	98-109
CO2	26	mmol/L	22-30
Sluco <u>se</u>	109 (H)	mg/dL	65-105
IÙN	7	mg/dL	7-17
reatinine	0.3 (L)	mg/dL	0.5-1.1
lalcium	8.8	mg/dL	8.5-10.4
\$ T	13	U/L	4-60
LT	16	U/L	3-60
LP	64	υ/L	28-109
otal Bili	0.8	mg/dL	<1.3
Jbumin	3.9	g/dL	3,5-5.0
otal Protein	6.3	g/dL	6.2-8.2
GFR .	224.2	mL/min/1,73m2	>=60.0
	eGFR NON AFRICAN AMERICAN		
GFRAA	271.7	ML/MIN/1.73m2	>=60.0
<u>ample ID: 1024397</u>	eGFR AFRICAN AMERICAN		
BCA XT:	= 		Result Date:2/10/2020 12:23:00RM
T WBC	7.6	K/oL	3.5-11.0
Γ Neut%	87.1 (H)	%	41.0-74.0
「Lymph%	6.7 (L)	%	15.0-45.0
Mono%	5.1	%	1.5-9.0
Eo%	0.3 (L)	%,	1.0-10.0
6aşo%	0.1	%	0.0-1.5
IG%	0.7	%	<=1.0
Neut#	6.6	K/uL	1.5-8.1
Lymph#	0.51 (L)	K/uL	0.50-4.00
Mono#	0.4	K/uL	0.1-1.2
Eo#	0.02	K/uL	0.00-1.10
Baso#	0.01	K/uL	0.00-0.20
IG#	0,05	K/uL	<=0.10
	4-1		

Reviewed By:	Comments:

397245 Killian, Lynn3.15 (L)

XT RBC

m/uL

3.80-5.20

Feb. 10. 2020 3:54PM



Laboratory Director: Yong Ke, MD, PhD

CLIA # 33D0141489

Client Service: 845.703.6999

Report Status:InProcessUnspe

cified PATIENT INFORMATION

SPECIMEN INFORMATION Order Number: CRP9256233

2/10/2020 12:09:27PM

Account ID: Name:

397245

Draw Date: Ordering Provider: Kondagunta MD, Gnanamba

Rock HIII, NY 127756049

Killian, Lynn

61 Emerald Place

D08: SSN:

05/20/1956

Phone:

XXX-XX-9707 845-292-0253

Sex:F

rëst	RESULT	UNITS	REF RANGE
XT HGB	10.7 (L)	g/dL	11.7-15.7
хт нст	33.1 (L)	%	35.0-47.0
XT MCV	105.1 (H)	fL	80.0-97.0
XT MCH	34.0 (H)	pg	26.0-33.0
XT MCHC	32. 3	9/dL	32.0-36.0
XT PLT	401	K/uL	140-440
XT MPV	9.0	(L	7.0-11.0

Reviewed By: Comments:_