		Oncolo
Checklist prior	to 1st Chemotherapy Admir	nistration
	Date: 78/05/29 Diagnosis: Therapy Regimen: (arboplation	
1. Clinical Examination		V
 FBC Renal function Hepatic function Electrolytes Virology (Hep. B, C, HIV) Pregnancy Test (where indic Notes, if something is out of range: ASTIGO, ALT 207, GGT 196	os, ALP 512, TBIL 1,1	
3. Cardiac Function ECG 📝 🕻	1 (ECHO V 29/05 - E	F-60%
4. Pulmonary assessment: YES NOT NE	CESSARY \(\sqrt{\sq}}}}}}}}}}}}}}}}}}}}}}}}}}}}}}}}}}}}	
5. Allergies: YES If yes:		
6. Medication: Partoprare	re yong, vest	my ng th

V

7. Consent Form (including sperm / oocyte preservation etc. if warranted)

8. Tumor Board	V
9. Other Notes (like pathology in case of urgent cases without tumorback when is Ext. Employment you to represent the particular of the control of the contr	arpo an
Δρ. Δ ημή 	τρης Ευσταθίου Ιστρώ
Doctor's Names Signature	& Stamp