**MRC AML17**

# CEP-701 14 DAY ASSESSMENT

| | | |
|---|---|---|
| Patient's initials:: ..... | Sex:..... | Date of birth: ...../...../..... |
| Hospital: ..... | | Hospital No.: ..... |
| Consultant: ..... | | AML17 Trial No.: ..... |

## I Day 14 Assessment

Course 1, 14 Day Assessment ☐ Course 2, 14 Day Assessment ☐
Course 3, 14 Day Assessment ☐ Course 4, 14 Day Assessment ☐

## II Current CEP-701 dose

40mg BD ☐ 60mg BD ☐ 80mg BD ☐ 100mg BD ☐
Other ☐ If other, Dose: .....mg

Has the patient taken CEP-701 in accordance with the protocol?

No ☐ Yes ☐

If No, please describe non-compliance and the reasons for this:

.....

.....

.....

## III Current antifungal prophylaxis / treatment

Is the patient currently receiving an azole drug as either anti-fungal prophylaxis or treatment?
No ☐ Yes ☐

If Yes, Name of azole: Itraconazole ☐ Fluconazole ☐ Voriconazole ☐ Posaconazole ☐ Other azole ☐ If Other, please specify:.....

## IV Confirmation of CEP-701 Trough Level (samples should be taken immediately pre-dose)

When did the patient receive the last CEP-701 dose?
Time: ☐☐ : ☐☐ (hours : mins, 24hr clock)
Date: ☐☐ / ☐☐☐ / ☐☐☐☐ (dd/mmm/yyy)

## V

**Time sample taken:** ☐☐ : ☐☐ (hours : mins, 24hr clock)
**Date sample taken:** ☐☐ / ☐☐☐ / ☐☐☐☐ (dd/mmm/yyy)

**Date form completed:** ☐☐ / ☐☐☐ / ☐☐☐☐ (dd/mmm/yyy)

**Please return this form, together with the blood sample (20mls in Lith hep) in the bottle provided in the diagnostic kit, using the Royal Mail label to:**
Paul White, Department of Haematology 7th floor, Cardiff University, Heath Park, CARDIFF CF14 4ZX