

 NEW ENGLAND  
Cancer Specialists

Infusion Center

Kennebunk · Portsmouth · Scarborough · Topsham

Phone: 207-303-3225 Fax: 207-692-2473

## Aranesp (darbepoetin alfa) Order Form

Patient Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Diagnosis: \_\_\_\_\_ Diagnosis Code: \_\_\_\_\_

Height: \_\_\_\_\_ (cm) Actual Weight: \_\_\_\_\_ (kg) Allergies: \_\_\_\_\_

- Indication:**
- Anemia due to chemotherapy
  - Anemia due to chronic kidney disease (on dialysis)
  - Anemia due to chronic kidney disease (not on dialysis)
  - Other \_\_\_\_\_

**Administer darbepoetin if Hgb is less than the following level:**

\* \_\_\_\_\_ gm/dL

**Dose (please select dose from options below):**

- 40mcg
- 60mcg
- 100mcg
- 200mcg
- 300mcg
- 500mcg
- Other \_\_\_\_\_

**Frequency (please select frequency from options below):**

- Every 7 days
- Every 14 days
- Every 21 days
- Every 28 days

Orders valid through \_\_\_\_ / \_\_\_\_ / \_\_\_\_

\* In the event of a hypersensitivity reaction, patients will be treated according to NECS protocols for the management of infusion-room drug reactions.

Provider Name: \_\_\_\_\_

Provider Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Pager: \_\_\_\_\_