Gemcitabine - Carcinoma of Bladder or Urothelium

(This form must be completed before the first dose is dispensed.)
1. Patient Profile

- Surname: .................................................................
- Given Name: ............................................................
- OHIN: ................................................................. Chart Number: ............................................................
- Postal Code: .........................................................
- Height (cm): ......... Weight (kg): .........
- BSA (m²): ......... Gender: Male Female Other
- Date of Birth: ......... ......... ......... Day Month Year

- Site:
- Attending Physician (MRP- Most Responsible Physician): .................................................................

Requested Prior Approval ☐ Yes ☐ Patient on Clinical Trial ☐ Yes ☐ No
Other (specify): .................................................................

Specify Arm:
☐ Standard of care arm ☐ Experimental arm
☐ Blinded / Unknown

Request prior approval for enrolment

- Justification for Funding

.................................................................

2. Eligibility Criteria

The patient must meet the following criteria:

a. Patient has advanced unresectable or metastatic transitional cell carcinoma of the bladder or urothelium ☐ Yes
3. Funded Dose

- Recommended dose: Gemcitabine 1000 mg/m² on days 1, 8, 15 every 28 days

4. Supporting Documents

To ensure reimbursement of your claim, both the completed enrolment form and a copy of the required documentation (where applicable) must be submitted through CCO e-Claims.

Signature of Attending Physician (MRP-Most Responsible Physician): ..........................................................

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Day    Month    Year