Siltuximab - Multicentric Castleman's Disease (MCD)

(This form must be completed <u>before</u> the first dose is dispensed.)

1. Pati Pro										
* Sun	name:									
* Giv	en Name:									
* OHI	N:	* Chart Number:								
* Pos	tal Code:									
* Hei	ght (cm):		,	· Weight (I	kg):					
* BSA	A (m ²):		,	* Gender:		O Male	O Female	Other		
* Date	e of Birth:									
0.11		Day	Month	Year						
* Site	2:									
* Atte	* Attending Physician (MRP- Most Responsible Physician):									
Req	Requested Prior Approval Yes * Patient on Clinical Trial Yes No									
Spe	Specify trial:									
Specify Arm: Standard of care arm Blinded / Unknown										
Request prior approval for enrolment										
* Justification for Funding										

2. Eligibility Criteria The patient must meet the following criteria: Siltuximab is used for the treatment of patients with multicentric Castleman's disease (MCD) - previously reacted or untreated Patients are human immunodeficiency virus (HIV) negative Patients are human immunodeficiency virus (HIV) negative Patients are human herpes virus-8 (HHV8) negative Treatment should be for patients with an ECOG performance status of \$2 3. Baseline Information a. ECOG PS at the time of									
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7. Supporting Documents

			submitted to			

- A copy of the pathology report demonstrating MCD diagnosis.
- A copy of the testing results confirming the patient's HIV and HHV8 status (i.e., the patient is HIV-negative and HHV8-negative).

Signature of Attending Physician (MRP-Most Responsible Physician):	
	Day Month Year