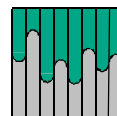




**CENTRE HOSPITALIER UNIVERSITAIRE DE BORDEAUX
LABORATOIRE DE PHARMACOLOGIE CLINIQUE ET TOXICOLOGIE**



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imatinib@chu-bordeaux.fr

IMATINIB (GLEEVEC[®]) MONITORING REQUEST GIST

Patient's identity:

Label with identifying number

or

Surname:

Maiden name:

First name:

Gender:

Date of birth:/...../.....

Details of the clinical unit:

Telephone:

Fax:

Complete address and/or

Stamp of the unit:

.....

.....

.....

Site of primary disease : Stomach Small Intestine Large Intestine Other.....

ECOG PS : 0 1 2 >2

Metastatic sites : *Liver* no yes *Peritoneum* no yes *Other*.....

Tumor resection : no yes *Date* :/...../..... R0 R1

Response (may be assessed by Choi criteria):

CR PR SD PD (date of progression/...../.....)

Not assessable

Reminders for the sampling:

- JUST BEFORE INTAKE (= residual)
- VIAL: Heparinized, take plasma after centrifugation

Sampling:

- **Date:**/...../.....

- **Hour:**

Last Imatinib intake:

- **Date:**/...../.....

- **Hour:**

Name of physician:

Clinical information:

- suspicion of non-compliance
- suspicion of drug-drug interaction
- insufficient response
- adverse events (please detail):

Imatinib dose

Morning	Mid-day	Evening

Date of initiation :/...../.....

Is imatinib an adjuvant treatment at the date of sampling ? no yes

Incidents during sample taking :

Associated treatments :

Investigation of mutations : no yes

Exon 11 Exon 9 Wild Type KIT Other :

Shipment conditions:

PLASMA should be transfer below **+ 30° C** by an approved carrier.

To obtain free transport documents contact coralie.blanc@dhl.com specifying both the number required and your full contact details.