CENTRE HOSPITALIER UNIVERSITAIRE DE BORDEAUX
LABORATOIRE DE PHARMACOLOGIE CLINIQUE ET TOXICOLOGIE

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IMATINIB (GLEEVEC®) MONITORING REQUEST

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: ……
……
……
……

Reminders for the sampling:

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

Sampling:
- Date: ……../……../……..
- Hour: ……..

Last Imatinib intake:
- Date: ……./……../……..
- Hour: ……

FURTHER INFORMATION:

Name of physician: ……

Clinical information: ……
……

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

Chronic phase ☐
Accelerated phase ☐

Imatinib dose

Morning	Mid-day	Evening

Date of initiation : ……./……../……..

Incidents during sample taking:……..
……

Associated treatments:
……
……

Investigation of mutations:
☐ no ☐ yes: mutation(s) :……..

Philadelphia chromosome status (Phi)
date of analysis: ……../……../……..
☐ Absence of Cytogenetic response CyR(100% Ph+)
☐ Absence of Partial CyR (> 35% Ph+)
☐ Partial CyR (< 35% Ph+)
☐ Complete CyR (0% Ph+)

Quantification of *BCR-ABL* transcripts
date of analysis: ……../……../……..
☐ Absence of Molecular response (MolR)
☐ Absence of Major MolR (level > 0,1% IS or reduction of more than 3 logs)
☐ Major MolR (level < 0,1% IS or reduction of more than 3 logs)
☐ Complete MolR (transcripts undetectable)

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.

Nonstandard test requests can lead to the non execution of analyses (GBEA – Order of November 26, 1999)