## **Pre-Treatment Patient Checklist – Cellular Therapy**

Pa	tient Name:	MRN:
an be fai en wi	d your medical to st treatment outo mily and friends l sure this, all of th th your Cellular t	therapy treatment requires commitment not only from you am, but from your support system as well. To ensure the omes, it is imperative that we partner with you and your efore, during, and after Cellular therapy treatment. To e areas below must be addressed before moving forward nerapy treatment. These will be confirmed by your Cellular turse coordinator and social worker.
reg be	garding any of th	ure to comply with, or providing false information e following may result in your Cellular therapy candidacy d temporarily or indefinitely, as determined by the care
	one secondary). after discharge, a or longer if med caregiver must a care agency staff	nust have a minimum of two caregivers (one primary and At least one caregiver must reside with you 24 hours/day or a minimum of 4 weeks after Cellular therapy infusion, ically required by the Cellular therapy physician. A stend all appointments. Note: Private duty caregivers/home as well as alternate care settings such as nursing homes, inters or group homes are not acceptable caregiver options.
	treatment is for required health of treatment plan r treatment, include	liance: A crucial part of a successful Cellular therapy each patient to participate as a partner in achieving their are goals. Patients are therefore required to follow the ecommended by the care team before, during and after ing but not limited to, attending all appointments and tions as prescribed.
	prescription sub screening as wel ensure your safe	e and illicit drug use: You are required to stop using non- stances before, during and after treatment. Alcohol abuse as drug and nicotine testing will be utilized as necessary to ty. If you smoke, we will refer you to our Tobacco vice (TCS) team for evaluation.

	Mental health: Your mental health status is a crucial component for the treatment outcomes. Even if you have have not had a previous mental he diagnosis, you may be affected by depression, anxiety or other coping concerns due to your cancer diagnosis or treatment. Your treatment team may recommend consultation or ongoing follow-up with a mental health provider as part of your care commitment.	ealth m	
	Lodging: Upon hospital discharge, you and a caregiver must reside within 100 miles from Michigan Medicine (preferably in the Ann Arbor area), for a minimum of 4 weeks after Cellular therapy infusion, or longer if medically required by the Cellular therapy physician.		
	Transportation/driving: As long as you need caregiver support (item #1 above), you also need transportation assistance. You will be unable to duntil cleared to safely do so by the Cellular therapy physician. Caregiver your driver as they are required to accompany you at all appointments.	rive	
_	Advance Directives/Durable Power of Attorney For Health Care (DPO HC): As an able, competent adult, you have the right to accept or refuse medical treatment. If you become too sick to make decisions regarding y medical care, even for only a period of time, "Advance Directives" allow to identify who you would want to make the decisions on your behalf. T ensure your wishes are met, you are encouraged to provide a completed DPOA-HC document. See the handout: "Start the Conversation: Making y health care wishes known: Advance Directives and Durable Power of Attorney for Health Care BOOKLET and FORMS": <a href="http://michmed.org/3">http://michmed.org/3</a> . <a href="https://michmed.org/3">http://michmed.org/3</a> . <a href="https://michmed.org/3">http://michmed.org/3</a> . <a href="https://michmed.org/3">https://michmed.org/3</a> . <a href="https://michmed.org/4">https://michmed.org/3</a> . <a href="https://michmed.org/4">https://michmed.org/4</a> .		

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