Outpatient CAR T-cell Pretreatment Patient Checklist 2023

Pa	tient Name: _	MRN:
an be fai en wi	d your medic st treatment mily and frier sure this, all th your Cellu	alar therapy treatment requires commitment not only from you al team, but from your support system as well. To ensure the outcomes, it is imperative that we partner with you and your ds before, during, and after Cellular therapy treatment. To of the areas below must be addressed before moving forward lar therapy treatment. These will be confirmed by your Cellular an, nurse coordinator and social worker.
reg be	garding any	t failure to comply with, or providing false information of the following may result in your Cellular therapy candidacyn hold temporarily or indefinitely, as determined by the care
	one secondar after dischart or longer if caregiver mucare agency	You must have a minimum of two caregivers (one primary and ry). At least one caregiver must reside with you 24 hours/day rge, for a minimum of 4 weeks after Cellular therapy infusion, medically required by the Cellular therapy physician . A last attend all appointments. Note : Private duty caregivers/home staff as well as alternate care settings such as nursing homes, ag centers or group homes are not acceptable caregiver options.
	treatment is required hea treatment pl treatment, in	ompliance: A crucial part of a successful Cellular therapy for each patient to participate as a partner in achieving their lith care goals. Patients are therefore required to follow the an recommended by the care team before, during and after acluding but not limited to, attending all appointments and edications as prescribed.
	prescription screening as ensure your	otine and illicit drug use: You are required to stop using non- substances before, during and after treatment. Alcohol abuse well as drug and nicotine testing will be utilized as necessary to safety. If you smoke, we will refer you to our Tobacco a Service (TCS) team for evaluation.

Pat	atient Signature Date	
_	y signing below, you indicate that you agree and commit to the transpequirements above.	lant
	Advance Directives/Durable Power of Attorney For Health Care (DPC 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 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. The ensure your wishes are met, you are encouraged to provide a completed DPOA-HC document. See the handout: "Start the Conversation: Making health care wishes known: Advance Directives and Durable Power of Attorney for Health Care BOOKLET and FORMS": http://michmed.org/	your you you Γο d your
	Transportation/driving : As long as you need caregiver support (item # above), you also need transportation assistance. You will be unable to cuntil cleared to safely do so by the Cellular therapy physician. Caregive your driver as they are required to accompany you at all appointments.	lrive rs are
	Lodging : Upon hospital discharge, you and a caregiver must reside with miles from Michigan Medicine until day 14 after cellular therapy infusion and then within 100 miles until 4 weeks after cellular therapy infusion, longer if medically required by the cellular therapy physician.	on
	Mental health : Your mental health status is a crucial component for the treatment outcomes. Even if you have have not had a previous mental health diagnosis, you may be affected by depression, anxiety or other coping concerns due to your cancer diagnosis or treatment. Your treatment teamay recommend consultation or ongoing follow-up with a mental health provider as part of your care commitment.	nealth am

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