

Caregiver Responsibilities Agreement: Chimeric Antigen Receptor (CAR) T-Cell Therapy

Patient Name

Patient Medical Record Number (MRN)

Successful CAR T-cell therapy requires commitment from the patient and their support system. **Each patient will need 1 full-time primary caregiver and 1 secondary caregiver** (who's available to help if the primary caregiver becomes sick or is otherwise unavailable).

A **caregiver** is a responsible adult (18 years or older) family member or friend who is willing and able to provide observation (watching and checking on how the patient is doing), reliable transportation (rides to and from appointments), attendance at all appointments, and emotional support throughout the treatment process. Private duty caregivers and home care agency staff, as well as alternate care settings such as nursing homes, assisted living centers or group homes, are not acceptable caregiver options. Caregivers must be available as needed during the entire treatment process, including but not limited to:

- The pre-treatment evaluation
- Education sessions
- Weekly visits during hospital admission
- Full-time availability after discharge from the hospital

Being a caregiver for a CAR T-cell therapy patient is a very important role in the treatment process. Please read the following list of responsibilities and other requirements from the treatment center before agreeing to this commitment:

- I will be available 24 hours a day for about 2 weeks after the CAR T-cell therapy infusion, or for as long as medically required by the cellular therapy doctor.
- I will live with the patient within 100 miles of Michigan Medicine for about 2 weeks or for as long as medically required by the cellular therapy doctor. If the patient's home is not within 100 miles, I will arrange a temporary place for us to stay. If I need help with this, I will contact the Michigan Medicine Lodging Program at (734) 936-0100 or toll-free at (888) 544-8684.
 - Please note that alternate care settings, such as nursing homes, assisted living centers, or group homes, are not acceptable lodging options.
- I will carry a cell phone with me at all times.
- If I see signs of fever or neurologic (thinking related) changes in the patient, I will immediately call (734) 936-9814.
- I will attend discharge training (as required by the treatment center).
- I will review the educational materials and care instructions provided by the treatment center.
- I will ask the treatment center staff questions and be available to talk with them as needed.
- I will arrange the patient's care after discharge, including appointments, with the treatment center staff as needed.
- I will provide transportation to and from all appointments and attend all appointments with the patient.
- I will make sure the patient does not drive until they are medically cleared by the cellular therapy doctor.
- I will have an understanding of the patient's medications, help them take their medications as needed, and keep a record log of their medications.
- I will coordinate food preparation, keep living areas clean, and help the patient with daily activities of living as needed.

- I will follow the treatment plan and any other requirements set by the cellular therapy care team.

By signing below, it means that I have reviewed these responsibilities and I feel comfortable being listed as a caregiver. **If I am no longer able to provide support throughout the transplant process, I will tell the patient and talk with another caregiver to make sure the patient has the support they need.**

1. Primary Caregiver

Primary Caregiver Name (Printed)

Relationship to Patient

Primary Caregiver Signature

Contact Number (Cell)

2. Secondary Caregiver

Secondary Caregiver Name (Printed)

Relationship to Patient

Secondary Caregiver Signature

Contact Number (Cell)

As an additional caregiver for _____, I agree to help the primary and secondary caregivers with the responsibilities listed above.

3. Additional Caregiver Information:

Caregiver Name (Printed)

Relationship to Patient

Caregiver Signature

Contact Number (Cell)

4. Additional Caregiver Information:

Caregiver Name (Printed)

Relationship to Patient

Caregiver Signature

Contact Number (Cell)

5. Additional Caregiver Information:

Caregiver Name (Printed)

Relationship to Patient

Caregiver Signature

Contact Number (Cell)

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