



Attach Patient Label

Solid Organ Transplant Clinic Tbo-filgrastim Order Form
Prescriber's Orders – Page 1 of 1

Date: _____ Kg: _____

Patient name: _____ DOB: _____

Verify any medications contributing to neutropenia have been discontinued or switched to alternative agent (as appropriate)

Absolute Neutrophil Count (ANC) must be below 1000

ANC = WBC x ([%Neutrophils/100] + [%Bands/100])

WBC: _____ %Neutrophils: _____ % Bands: _____ ANC: _____

Indication (check one)

<input type="checkbox"/> Leukocytopenia, unspecified	<input type="checkbox"/> Lymphocytopenia
<input type="checkbox"/> Neutropenia - all types	<input type="checkbox"/> Essential thrombocytopenia/post transplant lymphoproliferative disorder

Order (check one)

For patients < 78 kg:
Tbo-filgrastim (Granix™) 300 mcg subcutaneously ONCE

OR

For patients ≥ 78 kg or if ANC was previously unresponsive to 300 mcg dose
Tbo-filgrastim (Granix™) 480 mcg subcutaneously ONCE

Special instructions: _____

Physician signature: _____ **ID #:** _____

Date: _____ **Time:** _____

