**Adverse Event Reporting can be found on the last page.**

[Click here](https://www.rlthub.co.uk/sites/rlthub.co.uk/files/NET-PI-reel.pdf) **to access Prescribing information for all Advanced Accelerator Applications and Novartis products mentioned in this material.**

**The below document has been adapted, with permission, from Newcastle upon Tyne Hospitals NHS Foundation Trust. Centres should refer to the SMPC for LUTATHERA® (lutetium [177Lu] oxodotreotide) when preparing their own pro-forma guidance and ensure all requirements are fulfilled prior to product administration.**

|  |
| --- |
|  |
| **Lu177 Lutathera® Therapy for the treatment of Metastatic Neuroendocrine Tumors.**  **Referral Form and Treatment Record** |

**The below document has been adapted, with permission, from Newcastle upon Tyne Hospitals NHS Foundation Trust. Centres should refer to the SMPC for Luthathera® when preparing their own pro-forma guidance and ensure all requirements are fulfilled prior to product administration**

Affix patient identification label in box below or complete details

Affix patient identification label in box below or complete details

|  |
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|  |
| **LUTATHERA Therapy for the treatment of Metastatic Neuroendocrine Tumors.**  **Referral Form and Treatment Record** |

Affix patient identification label in box below or complete details

Affix patient identification label in box below or complete details

|  |  |
| --- | --- |
| **Surname** | **Patient I.d.No.** |
| **Forename** | **D.O.B. DDMMYYYY** |
| **Address** | **NHS No.** |
|  | **Sex. Male/Female** |
|  |  |
|  |  |
| **Postcode** |  |

To ensure there is no delay in requests, *all criteria must be acknowledged* for patient selection and audit purposes, please encircle answers below;

1. Has the patient had a positive111 In Octreotide or 99mTc-Tektrotyd scan / 68Ga-DOTOC PET in the last 12 months? **YES/NO**

2. Is the patients GFR > 40ml/min? **YES/NO**

3. Current Performance Status: **0 1 2**

4. Current somatostatin dosage and frequency?

Type…………………….……………………mg Every ……………… weeks

5. Has funding been approved for this patient? **YES/NO**

**If yes CDF/Bluteq number……………………………………………….**

6. Has the patient received any prior PRRT? **YES/NO**

Indication for treatment:

Prescription **of Radioactive Isotope: Lu177 Lutathera® 7.4GBq intravenous infusion**

***(Maximum of four, 8-12-weekly treatments)***

**Name of clinician:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DECT: \_\_\_\_\_\_\_\_\_\_**

|  |  |  |  |
| --- | --- | --- | --- |
|  | | | |
| **LUTATHERATherapy**  ***Treatment Record*** | | | |
|  | **Treatment 1** | **Treatment 2** | **Treatment 3** | | **Treatment 4** |
| **Treatment**  **Date** |  |  |  | |  |
| **Amino Acid Lot number** |  |  |  | |  |
| **Amino Acid expiry date** |  |  |  | |  |
| **Dose (prescribed)** |  |  |  | |  |
| **Lot number** |  |  |  | |  |
| **Expiry date** |  |  |  | |  |
| **Calibrator reading** |  |  |  | |  |
| **Setting** |  |  |  | |  |
| **Date** |  |  |  | |  |
| **Time** |  |  |  | |  |
| **Dispensed by** |  |  |  | |  |
| **Checked**  **By** |  |  |  | |  |
| **Given**  **by** |  |  |  | |  |
| **PACS** |  |  |  | |  |
| **Comments** |  |  |  | |  |

**Adverse Event Reporting**

**Adverse events should be reported. Reporting forms and information can be found at** [**www.mhra.gov.uk/yellowcard**](http://www.mhra.gov.uk/yellowcard)**. Adverse events should also be reported to Novartis via** [**uk.patientsafety@novartis.com**](mailto:uk.patientsafety@novartis.com) **or online through the pharmacovigilance intake (PVI) tool at** [**www.novartis.com/report**](http://www.novartis.com/report)

**If you have a question about the product, please contact Medical Information on 01276 698370 or   
by email at** [**medinfo.uk@novartis.com**](mailto:medinfo.uk@novartis.com)

This material was developed by Advanced Accelerator Applications, a Novartis company. Advanced Accelerator Applications products are discussed herein.