



Center of exchange

Registration for host

Please answer the following questions in order to integrate a center of exchange

Contact person:

Last Name:

First Name:

Title:

Phone (Country-Area-Number-Ext.)

Fax (Country-Area-Number-Ext.)

E-Mail address

Institution/Organization

Department

.
City/Town

P.O. Box

State/Province

Postal Code

Country

1. Formation :

- Year of diploma:
- Diplomas and qualifications:

2. Your activity :

- Do you work in a general or oncology hospital
- What is your qualification in oncology area ?

- What are your activities in oncologic area ?

3. Please select the following services you would like to integrate in the exchange center program

- Chemotherapy reconstitution unit
 Isolators Laminar air flow hood
 - Chemotherapy quality control unit or laboratory
 - Laboratory involved in cytotoxics stability studies
 - Out-patients' prescriptions
 - Organised relationships with community pharmacists
 - Clinical pharmacy activities
 - in clinical units
 - mixed organisation (central pharmacy + clinical units)
 - Clinical trials in the oncologic area
 - Therapeutic education, observance consultations
 - Pharmacokinetic monitoring
 - Laboratory activity (eg blood level determination for anticancer drugs)
 - Research activities (which domains ?)
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- Other activities in relation with cancer area

Practical details concerning your stay

- Duration of your stay :
2 days 3 days 5 days 1 week more ?
- Are you fluent in english Other languages:
- **Financial aspects :**

Could you afford your stay (accommodations, meals):
- Do you have any preferences concerning country of the center of exchange:

**Registration form to send to Dr Christophe BARDIN
christophe.bardin@htd.aphp.fr**