



Center of exchange

Please announce your hospital by filling the following questions in order to become a center of exchange

| | | |
|---------------------------------|-----------------------|--------------------|
| Institution/Organization | Department | |
| . | P.O. Box | Postal Code |
| City/Town | State/Province | Country |

Your hospital

1. What oncology services are provided by your hospital ?
Surgical chemotherapy radiotherapy Nuclear medicine diagnostic examinations

2. Main specialities in oncology ?
 Breast cancer Gastrointestinal cancer Lung cancer
 Urologic cancer Gynaecological cancer Melanoma
 Head and neck cancer Paediatric oncology Haematology
 Other

Perioncology:
 Palliative care Pain clinic Nutritional team Other:

- 2. How many cancer patients do you have per year
- 3. How many chemotherapies preparations per year
- 4. Do you work in a general or oncology hospital
- 5. How many beds do you have the whole cancer departments of your hospital
conventional hospitalization **day hospital**
- 6. Please select the services provided by your hospital
 - Home care service
 - Psychosocial support
 - Smoking cessation clinic
 - Other

Pharmacy Department

7. Number of pharmacists in your department ?
precise: residents senior pharmacists students

8. Please select the following services provided by your pharmacy department in the **oncologic area**

- Chemotherapy preparation
- Chemotherapy quality control unit or laboratory Precise:
Which kind of quality controls ?

Cytotoxics stability studies ?
- Out-patients' prescriptions
- Organised relationships with community pharmacists
- Clinical Pharmacy Services Precise:
clinical pharmacist working 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 ?)
precise if university associated research :
- Other activities in relation with cancer area

Which activity (ies) among the list above can you consider as a reference for exchange pharmacists program?

- 1.
- 2.
- 3.

9. Following committees where pharmacists are involved ?

- Pharmacy&Therapeutic's Committee?
- Multidisciplinary tumour board
Precise if specialised boards : breast Cancer, colorectal Cancer, urological Cancer, lung Cancer, (etc)
- Infection Control Committee
- Health and Safety Committee
- Other :

10. What chemotherapy services are provided ?

- Chemotherapy pre-printed protocols
- Chemotherapy prescription verification by pharmacist
- Computerized chemotherapy prescription
- Chemotherapy reconstitution
- Other drugs reconstitution

11. Select the correct for your department about chemotherapy reconstitution

- Pharmacy-based centralized preparation
- Chemotherapy preparation in clinical wards
- Dose-banding

- The reconstitution is performed by pharmacist pharmacy technicians
nurses
- For personnel safety what of the following do you use?
 - ✓ Clean room
 - ✓ Isolators Positive Negative
 - ✓ Laminar air flow hood Positive Negative

12. What ready made kits do you have

Spill kit Extravasation kit Administration kit

13. Do you have written standard operating pharmacy procedures in your department

No A few Many All procedures are written

You can also provide photos of your hospital in relation with reference activities!

Practical details concerning your pharmacist host

- How many days can you host a pharmacist in your hospital?
2 days 3 days 5 days 1 week more ?
- Can you provide a precise schedule of the visit ? : **mandatory document** (*attached file*)
The document must indicate selected activities for invited pharmacist (among the different activities listed above) and **which pharmacists** (trainer) in your department will be associated for each activity
- Are you fluent in english Other languages:
Same question for other associated pharmacists :
- Please provide information about accommodation in your country near the hospital (hotels or other accomodation forms, prices, maps):
 - Can you help to organize accomodations for your host ?
 - Is it possible to have meals in hospital? Lunch Dinner
- May your hospital or institution provide accommodation or financial grant (international program) ?
- **Can you provide a projected budget**



Contact person:

Last Name:

First Name:

Title:

Phone (Country-Area-Number-Ext.)

Fax (Country-Area-Number-Ext.)

E-Mail address

**Registration form to send to Dr Christophe BARDIN
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