

Clinical Trial Prescription Instructions

Your Protocol:

Your current Cycle/Week: 1 2 3 4 5 _____

You are beginning a new cycle/week in your clinical trial. Below is your specific prescription plan. **Always follow your research team's instructions.** Your healthcare team will review and mark the instructions that apply to you.

Taking your Medicine

- Take 1 2 3 _____ tablets
Every: morning evening 4hrs 6hrs 8hrs 12 hrs
- Take at the same time every day. If you miss a dose _____
- Take with food
- Take on an empty stomach: 1 hour-2 hour(s) **before** or 2 hours **after** a meal
- Take with a full glass (8 oz) of water
- Do not crush, chew or dissolve medicine

Other medicine instructions: _____

Storing your Medicine

- Store medicine in the refrigerator
- Store medicine at room temperature
- Medicine is photosensitive; protect from light

Other storing instructions: _____

Special Instructions

- Please restart your medicine today at the same dose as before.
- Your medicine dosage has been reduced due to your side effects. This means that the number of pills or the number of times per day you take your medicine may change. Please note the new instructions on the page given to you today by your research team.

Your medicine has been held due to your side effects. Please do not take any more of your medicine until you see your doctor again. When you restart, it may not be at the same dose as before. The research staff will give you new instructions when it is time to restart.

During this cycle/week, you will have timed blood draws at the CTRC. On the days you will have these blood draws, do not take your medicine until instructed by the research staff.

Other instructions: _____

Precautions

There are no additional precautions, follow instructions as indicated above; keep all scheduled appointments

You received a medicine diary. Record the number of tablets and the date and time they were taken each day. You will be given a new calendar for each cycle/visit.

Avoid grapefruit and grapefruit juice/citrus juices/Seville oranges while on this medicine

If you develop any side effects, please record it on your diary. Note the day it occurred and anything else you would like to tell the doctor.

Other warnings: _____

Follow-Up Care

Return to the Gynecologic Oncology Clinic on: _____ (Date/Time)

Return all unused study medicine and your medicine diary on your next visit

Other appointments/follow-up:

If you have any questions or concerns, call:

References:

Wolf MS, Davis TC, Shrank W, et al. To err is human: patient misinterpretations of prescription drug label instructions. Patient Educ Couns. 2007;67(3):293–300.