

Referral Form for Zejula (Niraparib) Patient Assistance Program

(To be filled by doctor or nurse)

Name of Patient: _____

Patient's Medical Conditions:

The patient is diagnosed with advanced epithelial (FIGO Stages III and IV) high-grade ovarian, fallopian tube or primary peritoneal cancer who are in response (complete or partial) following completion of first-line platinum-based chemotherapy.

Patient HRd status: Homologous Recombinant deficiency (HRd) with BRCA Mutant

同源重組缺陷而有 *BRCA* 基因突變

Homologous Recombinant deficiency (HRd) with BRCA Wild Type

同源重組缺陷而沒有 *BRCA* 基因突變

Homologous Recombinant Proficiency (HRp)

同源重組正常

or

The patient is diagnosed with platinum sensitive relapsed High Grade Serous Epithelial Ovarian Cancer, or Fallopian Tube Cancer, or Primary Peritoneal Cancer who are in response (complete or partial) to platinum-based chemotherapy.

Patient BRCA status: *BRCA* Mutant

BRCA 基因突變

BRCA Wild Type

沒有 *BRCA* 基因突變

Doctor's Name: _____

Doctor's signature and stamp: _____

Principal Hospital: _____

Date: _____