



BCT Fax Form:

Application for Sirolimus HEART Transplant Recipients

Please complete and fax to BCT Pharmacist at (604) 877-2111

DATE:

TO:

FROM:

BCT #: _____

Name: Last: _____ First: _____

Hospital: _____ Cardiologist: _____

Indications for Sirolimus Use:

1. In addition to a calcineurin inhibitor in patients who have recurrent or persistent transplant rejection within the first year post transplant
2. Patient has developed cardiac allograft vasculopathy (CAV)
3. Patient has developed calcineurin inhibitor neurotoxicity or nephrotoxicity
1. Patient has developed cancer. Type: _____
2. Patient is following an out-of-province protocol.

Physician's Signature: _____ Date: _____

Approval by BCT: _____ Date: _____

NOV 2014