



Information on this form is a guide only. User will be solely responsible for verifying its currency and accuracy with the corresponding BCCA treatment protocols located at www.bccancer.bc.ca and according to acceptable standards of care

PROTOCOL CODE: LYCSPA (PO)

Class II Drug:

Indication for use of Cyclosporin:

LDGL T-Gamma leukemia or natural killer cell leukemia.

For other indications, a BCCA "Compassionate Access Program" request form must be completed and approved prior to treatment

DOCTOR'S ORDERS			Ht _____ cm	Wt _____ kg	BSA _____ m ²
REMINDER: Please ensure drug allergies and previous bleomycin are documented on the Allergy & Alert Form					
DATE:		To be given:		Cycle #:	
Date of Previous Cycle: _____					
TREATMENT:					
Cyclosporin A 100 mg PO BID or _____ mg PO BID.					
Mitte: _____ Capsules.					
RETURN APPOINTMENT ORDERS					
<input type="checkbox"/> Return in _____ weeks for Doctor and Cycle _____.					
<input type="checkbox"/> Last Cycle. Return in _____ week(s).					
CBC & Diff, serum creatinine weekly x _____.					
CBC & Diff, serum creatinine monthly x _____.					
<input type="checkbox"/> Other tests:					
<input type="checkbox"/> Consults:					
<input type="checkbox"/> See general orders sheet for additional requests.					
DOCTOR'S SIGNATURE:				SIGNATURE:	
				UC:	