**PROTOCOL CODE: UGOOVFOLAM**

A BC Cancer “Compassionate Access Program” request form must be completed and approved prior to treatment.

<table>
<thead>
<tr>
<th>DOCTOR’S ORDERS</th>
<th>Ht _____ cm</th>
<th>Wt _____ kg</th>
<th>BSA _____ m²</th>
</tr>
</thead>
</table>

**REMINDER:** Please ensure drug allergies and previous bleomycin are documented on the Allergy & Alert Form.

**DATE:** To be given: Cycle(s) #: 

<table>
<thead>
<tr>
<th>Date of Previous Cycle:</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>☐ Delay treatment _____ week(s)</td>
<td></td>
</tr>
<tr>
<td>☐ CBC &amp; Diff, Platelets</td>
<td></td>
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</tbody>
</table>

May proceed with doses as written if within 72 hours **ANC greater than or equal to 1.0 x 10⁹/L, Platelets greater than or equal to 100 x 10⁹/L.**

Dose modification for: ☐ Hematology ☐ Other Toxicity: ____________________________

Proceed with treatment based on blood work from ______________________

**CHEMOTHERAPY:**

☐ olaparib (tablets) 300 mg PO twice daily (100% dose). Supply 30 days. Repeat x _____ (after lab work)

Dose modification:

☐ olaparib (tablets) 250 mg PO twice daily. Supply 30 days. Repeat x _____ (after lab work)

☐ olaparib (tablets) 200 mg PO twice daily. Supply 30 days. Repeat x _____ (after lab work)

☐ olaparib (tablets) 150 mg PO twice daily. Supply 30 days. Repeat x _____ (after lab work)

* Dispense in original container

**RETURN APPOINTMENT ORDERS**

☐ Return in four weeks for Doctor and Cycle _________ (1 cycle = 4 weeks)
☐ Return in ____ weeks for Doctor and Cycle _________ (1 cycle = 4 weeks)
☐ Last Cycle. Return in _____ week(s).

Every four weeks: CBC & Diff, Platelets prior to each refill and prior to RTC.

If indicated: ☐ CBC & Diff, Platelets on day 14.

If clinically indicated: ☐ Creatinine ☐ Sodium ☐ Potassium
☐ ALT ☐ Total bilirubin ☐ Alk Phos
☐ CA 125 ☐ CA 15-3 ☐ CA 19-9 ☐ CEA
☐ Tot. Prot ☐ Albumin ☐ GGT ☐ LDH ☐ BUN

☐ CT C/A/P in _________ weeks.
☐ Other tests:
☐ Consults:
☐ See general orders sheet for additional requests.

**DOCTOR’S SIGNATURE:**

**SIGNATURE:**

**UC:**