### Chronic Phase CML, resistant to Imatinib

- Chronic Phase CML, intolerant to Imatinib
- Accelerated or blast phase CML, resistant to Imatinib
- Accelerated or blast phase CML, intolerant to Imatinib
- Ph + Acute leukemia, resistant to Imatinib
- Ph + Acute leukemia, intolerant to Imatinib

### DOCTOR’S ORDERS

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<tr>
<th>Ht</th>
<th>cm</th>
<th>Wt</th>
<th>kg</th>
<th>BSA</th>
<th>m²</th>
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**REMINDER:** Please ensure drug allergies and previous bleomycin are documented on the Allergy & Alert Form

**DATE:**

To be given:  
Cycle #:

**Date of Previous Cycle:**

- Delay treatment  ______ week(s)
- CBC & Diff, Platelets, ALT, Bilirubin, Serum Creatinine, BUN. [ECG on treatment initiation.]
  - For chronic phase: ANC greater than or equal to 1.0 x 10⁹/L, Platelets greater than or equal to 50 x 10⁹/L. **Caution should be exercised for patients with moderate to severe hepatic dysfunction (e.g., bilirubin greater than 2 x ULN, ALT or AST greater than 3 x ULN)**
  - For accelerated phase or blast crisis or Ph + ALL: Please refer to the LKCMLD Protocol for hematologic dose modifications. **Caution should be exercised for patients with moderate to severe hepatic dysfunction (e.g., bilirubin greater than 2 x ULN, ALT or AST greater than 3 x ULN)**

Dose modification for:

- ☐ Hematology
- ☐ Other Toxicity

### CHEMOTHERAPY:

- daSATinib 80 mg, 100 mg or 140 mg (circle one) PO once daily.
  - Mitte: ________ months (1-month supply for first 6 months of therapy; may dispense 3-month supply after 6 months)
  - Refill x ______

### RETURN APPOINTMENT ORDERS

- ☐ Return in ________ weeks for Doctor.

**First Month:**

- ☐ CBC & Diff, Platelets, ALT, Bilirubin, Serum Creatinine, Uric Acid every __ week(s) (range: 1-2 weeks)

**Months 2-6:**

- ☐ Serum Creatinine, Uric Acid every ________ month(s)

**After 6 months:**

- CBC & Diff, Platelets, ALT, Bilirubin, Serum Creatinine, Uric Acid __ every month or __ every 3 months

- ☐ Peripheral blood analysis for quantitative RT-PCR (for BCR/ABL transcripts) every 3 months
- ☐ Other tests:
- ☐ Consults:
- ☐ See general orders sheet for additional requests.

### DOCTOR’S SIGNATURE:

- SIGNATURE:
- UC: