**PROTOCOL CODE: LKCMLI**

**DOCTOR’S ORDERS**

<table>
<thead>
<tr>
<th>Ht cm</th>
<th>Wt kg</th>
<th>BSA 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, AST, ALT, Bilirubin, Serum Creatinine, BUN

May proceed with doses as written if within 7 days of iMAtinib initiation, then within 10 days of dispensing the next cycle for first 6 months of therapy; thereafter, within 28 days of dispensing the next cycle.

For chronic phase: ANC greater than or equal to 1 x 10⁹/L, Platelets greater than or equal to 50 x 10⁹/L, bilirubin less than or equal to 3 x ULN, AST and/or ALT less than or equal to 5 x ULN.

For accelerated phase or blast crisis: ANC greater than or equal to 0.5 x 10⁹/L, Platelets greater than or equal to 10 x 10⁹/L, bilirubin less than or equal to 3 x ULN, AST and/or ALT less than or equal to 5 x ULN.

Dose modification for: □ Hematology □ Other Toxicity ____________________________

**CHEMOTHERAPY:**

□ iMAtinib □ 400 mg or □ 600 mg or □ 300 mg (select one) PO daily.

- Mitte: _______ months (1-month supply for first 6 months of therapy; may dispense 3-month supply after 6 months)
  OR
- □ iMAtinib 400 mg PO BID
  Mitte: _______ months (1-month supply for first 6 months of therapy; may dispense 3-month supply after 6 months)

**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:

- CBC & Diff, Platelets, ALT, Bilirubin every month
- 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: