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

**PROTOCOL CODE: ULKAMLMIDO**

### DOCTOR’S ORDERS

<table>
<thead>
<tr>
<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:**

<table>
<thead>
<tr>
<th>Date of Previous Cycle:</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>To be given:</th>
<th>Cycle #: of</th>
</tr>
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<tr>
<th>Delay treatment _____ week(s)</th>
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</table>

Refer to induction and consolidation chemotherapy orders for general laboratory monitoring related to induction and consolidation chemotherapy.

**Dose modification for:**

- [ ] QTc prolongation
- [ ] Other Toxicity: _____________________________

Proceed with treatment based on blood work from _____________________________

### TREATMENT:

**Indicate cycle:**

- [ ] induction 1
- [ ] induction 2
- [ ] consolidation 1
- [ ] consolidation 2
- [ ] consolidation 3

**Indicate start date of chemotherapy cycle:** Day 1 (date):____________________

midostaurin **50 mg PO BID daily for 14 days from day 8 to 21 of each cycle.**

Start Day 8 (date):___________ to Day 21 (date):___________

### RETURN APPOINTMENT ORDERS

- [ ] Return for cycle _____ in 4 weeks (i.e., day 29) = _________

**ECG on days 8, 10 and 21 of each cycle**

Refer to induction and consolidation chemotherapy orders for general laboratory monitoring related to induction and consolidation chemotherapy.

**DOCTOR’S SIGNATURE:**

**SIGNATURE:**

**UC:**