**PROTOCOL CODE: ULKCMLB**

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:**

<table>
<thead>
<tr>
<th>Date of Previous Cycle:</th>
</tr>
</thead>
<tbody>
<tr>
<td>To be given:</td>
</tr>
<tr>
<td>Cycle #:</td>
</tr>
</tbody>
</table>

- [ ] Delay treatment _____ week(s)
- May proceed with doses as written if within 7 days of bosutinib 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.
  - *ANC greater than or equal to 1 x 10$^9$/L, Platelets greater than or equal to 50 x 10$^9$/L.*

**CHEMOTHERAPY:**

- bosutinib 500mg (standard dose) or 400mg or 300mg (circle one) PO once daily with food.
  - 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 and cycle ______

- CBC & Diff, Platelets weekly for the first month
  - Months 1-3:
    - CBC & Diff, Platelets, AST, ALT, Bilirubin, serum creatinine, uric acid, electrolytes, magnesium, calcium, phosphorous, serum lipase monthly for the first 3 months
  - After 3 months:
    - CBC & Diff, Platelets, Serum Creatinine, Uric Acid monthly.
    - AST, ALT, Bilirubin every 3 months or as clinically indicated (in patients with transaminase elevations, perform hepatic enzyme tests more frequently)
    - Electrolytes, magnesium, calcium, phosphorous, serum lipase every 3 months or as clinically indicated
    - [ ] ECG (if clinically indicated)
    - [ ] Bone Density (if clinically indicated)
    - [ ] Peripheral blood analysis for quantitative RT-PCR (for BCR/ABL transcripts) every 3 months and mutational analysis
    - [ ] Other tests:
    - [ ] Consults:
    - [ ] See general orders sheet for additional requests.

**DOCTOR’S SIGNATURE:**

**SIGNATURE:**

**UC:**