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

### DOCTOR’S ORDERS

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<th>Protocol Code: ULUAVELE</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(s) #:

**Date of Previous Cycle:**

**TREATMENT:**

- alectinib 600 mg PO twice daily with food

  Dose modification if required:
  - ☐ alectinib 450 mg PO twice daily with food
  - ☐ alectinib 300 mg PO twice daily with food

**Supply for:** _______ days Repeat x _____

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### RETURN APPOINTMENT ORDERS

- ☐ Return in ______ weeks for Doctor

**Cycle 1:**

- Alk Phos, ALT, Bili, LDH and CPK 2 weeks after starting treatment and prior to next cycle

**Cycle 2 & 3:**

- Alk Phos, ALT, Bili, and LDH every 2 weeks and prior to next cycle

**Cycle 4 onwards:**

- Alk Phos, ALT, Bili, and LDH prior to next cycle

**Imaging (approx. every 4-8 weeks):** ☐ Chest X-ray or ☐ CT Scan (chest)

If clinically indicated:

- ☐ ECG  ☐ CPK  ☐ calcium  ☐ potassium  ☐ creatinine

- ☐ Other tests:

- ☐ Consults:

- ☐ See general orders sheet for additional requests.

**DOCTOR’S SIGNATURE:**

**SIGNATURE:**

**UC:**