PROTOCOL CODE: ULUAVALE

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

<table>
<thead>
<tr>
<th>DOCTOR’S ORDERS</th>
<th>Ht cm</th>
<th>Wt kg</th>
<th>BSA m²</th>
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<tr>
<td>REMINDER: Please ensure drug allergies and previous bleomycin are documented on the Allergy &amp; Alert Form</td>
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<tr>
<th>DATE:</th>
<th>To be given:</th>
<th>Cycle(s) #:</th>
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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 ______

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 doctor’s visit

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.

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<th>DOCTOR’S SIGNATURE:</th>
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