**PROTOCOL CODE: MYBORMTN**

<table>
<thead>
<tr>
<th>DOCTOR’S ORDERS</th>
<th>Ht________ cm  Wt________ kg  BSA________ m²</th>
</tr>
</thead>
</table>

**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 on day of treatment
- [ ] CBC & Diff, Platelets, Creatinine, ALT, Bilirubin on day of treatment
  - May proceed with bortezomib dose Day 1 as written, if within 96 hours ANC greater than or equal to 0.5 x 10⁹/L, platelets greater than or equal to 30 x 10⁹/L, bilirubin less than or equal to 1.5 x upper limit of normal
  - May proceed with bortezomib dose Day 29 as written, if within 96 hours ANC greater than or equal to 0.5 x 10⁹/L, platelets greater than or equal to 30 x 10⁹/L, bilirubin less than or equal to 1.5 x upper limit of normal

**Dose modification for:**
- [ ] Hematology
- [ ] Other Toxicity: _____________________________

Proceed with treatment based on blood work from _____________________________

**TREATMENT**

- If patient is VZV seropositive and/or at physician’s clinical judgement, physician to ensure prophylaxis with valACYclovir 500 mg daily while on bortezomib and for four weeks after discontinuation

bortezomib 1.3 mg/m² or 1 mg/m² or 0.7 mg/m² (circle one) x BSA x = ______ mg

SC injection on Day 1, 15, 29 and 43

**RETURN APPOINTMENT ORDERS**

- [ ] Return in eight weeks for Doctor and Cycle _____.
  - Book chemo on days 1, 15, 29 and 43
- [ ] Last Cycle. Return in ______ week(s).

**Serum Protein Electrophoresis and/or Serum Free Light Chain Levels** (CIRCLE APPROPRIATE) prior to Day 1 and Day 29 of each cycle

CBC & Diff, Platelets, Creatinine, Calcium, ALT, Serum Bilirubin prior to Day 1 and Day 29 of each cycle

- [ ] Other tests:
- [ ] Consults:
- [ ] See general orders sheet for additional requests.

**DOCTOR’S SIGNATURE:**

**SIGNATURE:**

**UC:**