**Information on this form is a guide only. User will be solely responsible for verifying its currency and accuracy with the corresponding BC Cancer treatment protocols located at [www.bccancer.bc.ca](http://www.bccancer.bc.ca) and according to acceptable standards of care.**

**PROTOCOL CODE: ULYBV**

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>Wt ________ kg</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 & Diff and platelets day 1 of treatment

Day 1: may proceed with doses as written, if within 96 hours ANC greater than or equal to $0.6 \times 10^9/L$ and Platelets greater than or equal to $50 \times 10^9/L$

Dose modification for:  
- [ ] Hematology
- [ ] Other Toxicity ________________

Proceed with treatment based on blood work from ________________

**PREMEDICATIONS:** Not routinely necessary.

- [ ] Other

**CHEMOTHERAPY:**

brentuximab vedotin $1.8 \text{ mg/kg} \times \text{ weight (kg)} = \underline{\phantom{0}}$ mg (maximum dose 180 mg)

- [ ] Dose Modification: ________% = ________ mg/kg $\times$ weight (kg) = ________ mg

IV in 100 mL NS over 30 minutes on Day 1.

NOTE: The dose for patients weighing greater than 100 kg should be calculated based on a weight of 100 kg.

**RETURN APPOINTMENT ORDERS**

- [ ] Return in three weeks for Doctor and Cycle _____.
- [ ] Last Cycle. Return in ______ week(s).

**CBC & Diff, platelets** prior to Day 1 of each cycle

- [ ] If clinically indicated: [ ] creatinine [ ] ALT [ ] bilirubin

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

**DOCTOR’S SIGNATURE**

**SIGNATURE**

**UC:**