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

**DOCTOR'S ORDERS**

**REMINDER:** Please ensure drug allergies and previous bleomycin are documented on the Allergy & Alert Form

<table>
<thead>
<tr>
<th>DATE:</th>
<th>To be given:</th>
<th>Cycle #:</th>
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</table>

- □ Delay treatment ______ week(s)
- □ Dose Modification/Delay for ______________________________________________________________________
- Proceed with treatment based on blood work/ECG from____________________________

**TREATMENT:**
- □ daBRAFenib 150 mg PO twice daily for 30 days
  - □ Dose modification: daBRAFenib 100 mg, 75 mg or 50 mg (circle one) PO twice daily for 30 days
- □ trametinib 2 mg PO daily for 30 days (available in 30 tablet containers only: dispense in original container)
  - □ Dose modification: trametinib 1.5 mg or 1 mg (circle one) PO daily for 30 days

**RETURN APPOINTMENT ORDERS**

- □ Cycle 1 only: Return in 2 weeks for Doctor and skin toxicity assessment
- □ Return in 30 days for Doctor and Cycle # ______
- □ Last Treatment. Return in ______ week(s)

**Baseline (prior to cycle #1):** CBC and diff, platelets, creatinine, electrolytes, calcium, magnesium, alkaline phosphatase, ALT, albumin, ECG, MUGA scan or echocardiogram (if not performed within a year)

**Prior to each cycle:** CBC and diff, platelets, creatinine, electrolytes, calcium, magnesium, alkaline phosphatase, ALT, albumin, LDH

**ECG:** every 4 weeks (prior to each cycle) for the first 3 cycles, then every 12 weeks

**MUGA scan or echocardiogram:** at week 8, then every 12 weeks

**Dermatology Consults:** at baseline (if not performed within a year) and at 8 weeks

**Other Tests:** □ ECG □ CT scan □ MRI □ echocardiogram □ glucose

**Consults:**
- □ Dermatology Consult
- □ Ophthalmology Consult
- □ Pap smear in women
- □ Other Consults: ________________________________

- □ See general orders sheet for additional requests.

**DOCTOR'S SIGNATURE:**

**SIGNATURE:**

**UC:**