



Provincial Health Services Authority

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 and according to acceptable standards of care

PROTOCOL CODE: ULKAMLQUI

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

DOCTOR'S ORDERS		Ht _____ cm	Wt _____ kg	BSA _____ m ²
REMINDER: Please ensure drug allergies and previous bleomycin are documented on the Allergy & Alert Form				
DATE: _____	To be given: _____	Cycle #: _____ of _____		
Date of Previous Cycle: _____				
☐ Delay treatment _____ week(s)				
Refer to induction and consolidation chemotherapy orders for general laboratory monitoring related to induction and consolidation chemotherapy				
Dose modification for: ☐ QTc prolongation ☐ Other Toxicity: _____				
Proceed with treatment based on blood work from _____				
TREATMENT:				
<u>INDUCTION PHASE:</u>				
Indicate cycle: ☐ induction 1 ☐ induction 2				
Indicate start date of chemotherapy cycle: Day 1 (date): _____				
quizartinib 35.4 mg PO once daily for 14 days on Days 8 to 21 of each cycle				
Dose Modification if required:				
☐ quizartinib _____ mg PO once daily for 14 days on Days 8 to 21 of each cycle				
Start on (date): _____ to (date): _____				
<u>CONSOLIDATION PHASE:</u>				
Indicate cycle: ☐ consolidation 1 ☐ consolidation 2 ☐ consolidation 3 ☐ consolidation 4				
Indicate start date of chemotherapy cycle: Day 1 (date): _____				
Select one option:				
☐ quizartinib 35.4 mg PO once daily for 14 days starting on the day after the last chemotherapy dose of each consolidation cycle				
Dose Modification, if required:				
☐ quizartinib _____ mg PO once daily for 14 days starting on the day after the last chemotherapy dose of each consolidation cycle				
DOCTOR'S SIGNATURE:				SIGNATURE:
				UC:



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DATE:	
RETURN APPOINTMENT ORDERS	
☐ Return in four weeks for Doctor and Cycle _____	
☐ Last Cycle. Return in _____ weeks for Doctor.	
ECG weekly during each cycle Prior to each cycle: sodium, potassium, magnesium, calcium Refer to induction and consolidation chemotherapy orders for general laboratory monitoring related to induction and consolidation chemotherapy	
DOCTOR'S SIGNATURE:	SIGNATURE:
	UC: