



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](http://www.bccancer.bc.ca) and according to acceptable standards of care

PROTOCOL CODE: LUAVERL

For first-line therapy or for indications other than those stated in the protocol, a BC Cancer "Compassionate Access Program" request form must be completed and approved prior to treatment.

<b>DOCTOR'S ORDERS</b>		Ht _____ cm	Wt _____ kg	BSA _____ m <sup>2</sup>
<b>REMINDER: Please ensure drug allergies and previous bleomycin are documented on the Allergy &amp; Alert Form</b>				
<b>DATE:</b>	<b>To be given:</b>	<b>Cycle #:</b>		
Date of Previous Cycle: _____				
<b>TREATMENT:</b>				
<b>erlotinib 150 mg PO daily</b>				
Dose modification if required:				
<input type="checkbox"/> <b>erlotinib 100 mg PO daily</b>				
<input type="checkbox"/> <b>erlotinib _____ mg PO daily</b>				
mitte _____ Repeat x _____				
<b>RETURN APPOINTMENT ORDERS</b>				
<input type="checkbox"/> Return in _____ weeks for Doctor				
<b>Alk Phos, ALT, Bili, LDH two weeks after starting treatment</b>				
<b>Alk Phos, ALT, Bili, LDH at each doctor's visit</b>				
<input type="checkbox"/> <b>Other tests:</b>				
<input type="checkbox"/> <b>Consults:</b>				
<input type="checkbox"/> <b>See general orders sheet for additional requests.</b>				
<b>DOCTOR'S SIGNATURE:</b>				<b>SIGNATURE:</b>
				UC: