



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: UGILAN

(Page 1 of 1)

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

DATE:

To be given:

Week #:

TREATMENT:

- Ianreotide (SOMATULINE AUTOGEL®) 120 mg** deep subcutaneous injection every 4 weeks.
- Ianreotide (SOMATULINE AUTOGEL®) _____ mg** deep subcutaneous injection every 4 weeks.

Mitte: _____ dose Repeat x _____

RETURN APPOINTMENT ORDERS

Return in _____ weeks for Doctor

Ultrasound gallbladder

Glucose

Other Tests: _____

Consults: _____

See general orders sheet for additional requests.

DOCTOR'S SIGNATURE:

SIGNATURE:

UC: