

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: UGINFOCLAR

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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 #	<i>t</i> :
TREATMENT:	
octreotide (SANDOSTATIN LAR) 30 mg intramuscular (deep intragluteal) injection every 4 weeks. Mitte: dose Repeat x	
octreotide (SANDOSTATIN LAR) 20 mg intramuscular (deep intragluteal) injection every 4 weeks. Mitte: dose Repeat x	
octreotide (SANDOSTATIN LAR) 10 mg intramuscular (deep intragluteal) injection every 4 weeks. Mitte: dose Repeat x	
RETURN APPOINTMENT ORDERS	
Return in weeks for Doctor	
☐ Ultrasound gallbladder	
☐ Glucose	
☐ CT Scan	
Other Tests:	
☐ Consults:	
☐ See general orders sheet for additional requests.	
DOCTOR'S SIGNATURE:	SIGNATURE:
	UC: