

STEM CELL TRANSPLANT PROGRAM Autologous Stem Cell Transplant Referral

Phone: (613) 549-6666 Ext. 6627 Fax: (613) 548-2499

Patient Name: _____

Date of Birth: _____

OHIP #: _____

Address: _____

Phone: _____

REFERRAL INFORMATION (*Please note: Incomplete referrals will not be processed until all diagnostics / reports received*)

Referral Submission Date (yyyy/mm/dd): _____ Physician Name: _____
 Primary Nurse: _____ Phone: (____) _____ Extension: _____
 Email: _____ Institution/Department: _____

TRANSPLANT CONSULT REFERRAL – GENERAL CHECKLIST

Instructions: complete the checklist to verify appropriate documents are included in the referral.

- Referral Note / Disease History and Response / Clinic Notes Other consult service(s) notes involved in care
 Chemotherapy treatment history (include dates / doses) Radiation therapy history (include dates / doses)
 Relevant pathology reports
 Recent blood work: CBC, Differential, Electrolytes, Creatinine, Urea, Calcium, Magnesium, Albumin, Bilirubin, AST, ALT, ALP, Total protein

ADDITIONAL REQUIREMENTS BY DISEASE SITE – LYMPHOMA / GERM CELL TUMOUR

- CT Scans (*as applicable*): Initial Response to Treatment Disease Progression / Transformation Response after Salvage Therapy
 Functional Imaging, if applicable
 Bone Marrow Aspirate and Biopsy Results
 Disease Re-Staging Results

ADDITIONAL REQUIREMENTS BY DISEASE SITE – MYELOMA

- Skeletal survey and other applicable imaging
 Bone Marrow Aspirate and Biopsy Results
 FISH cytogenetics results
 Myeloma Response Bloodwork: Serum Protein Electrophoresis (SPEP), Immunoglobulins (e.g. IgG, IgA, IgM) and/or, Free Light Chain Protein Studies

Please arrange the following tests and FAX when available:

- Recent Pulmonary Function Test (PFT) Recent ECHO or MUGA

Form Completed By:

 Print Name Signature / Designation Date (yyyy/mm/dd) Time (hhmm)

MALIGNANT HEMATOLOGY DAY UNIT OFFICE USE ONLY:

Date Received (yyyy/mm/dd): _____ Appointment Date (yyyy/mm/dd): _____ Appointment Time (hhmm): _____

Abbreviations

ALT - Alanine Aminotransferase CT - Computerized Tomography PFT - Pulmonary Function Test
 AST - Aspartate Aminotransferase ECHO - Echocardiogram SPEP - Serum Protein Electrophoresis
 ALP - Alkaline Phosphatase FISH - Fluorescence in situ Hybridization
 CBC - Complete Blood Count MUGA - Multigated Acquisition Scan

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