Kingston Health Sciences Centre
Centre des sciences de la santé de Kingston

Hôpital Hotel Dieu Hospital

KGH Hôpital Général de Kingston General Hospital

Patient Name:
Date of Birth:
OHIP #:
Address:
Phone:

STEM CELL TRANSPLANT AND CELLULAR THERAPY PROGRAM

Autologous Stem Cell Transplant Referral

Phone: (613) 549-6666 **Ext**. 66627 **Confidential Fax**: (613) 548-2499

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 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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