UHN Princess Margaret Cancer Centre

UHN BMT- IEC Program
Please submit completed referrals to PMcelltherapy@uhn.ca

Form 18.5.3 IEC Referral Checklist

PATIENT INFORMATION

Last Name:			Place PHI here
First Name:			
Health Card #:	Version Code:		
Date of Birth (mmm/dd/yyyy):			
Street Address:			
City:	Province:	Postal Code:	

Phone (Home):	Phone (Cell):	Phone (Work):
Alternate Contact Name:	Relationship:	Phone (Home/Cell):

Fluent in English: ❑ Yes ❑ No Preferred Language: | Are Interpretation Services required? ❑ Yes ❑ No

PHYSICIAN INFORMATION

Referring Physician Name:	OHIP billing #	Direct Referring Physician phone number:	Referring Physician Fax:
Referring Physician Email:	Family Physician Name:	Family Physician Phone:	Family Physician Fax:

DIAGNOSIS:

☐ ALL ☐ High grade B Lymphoma ☐ Primary Mediastinal B Cell Lymphoma
☐ DLBCL ☐ Transformed DLBCL from FL ☐ Other:

REASON FOR REFERRAL:

☐ CAR-T ☐ 2nd Opinion ☐ Other:

Note: An appointment cannot be booked without the following information available:

Pending Information Still Required	Received	Pending	Comments
Pathology reports: Bone marrow aspirate and biopsy, tissue biopsy etc.	☐	☐	
Cytogenetics report, molecular information if applicable	☐	☐	
Clinical notes: Summary of treatment to date, including when treatment started, delays, changes	☐	☐	
Reports of Echocardiogram, ECG, MUGA	☐	☐	
Reports of Pulmonary Function Test if available	☐	☐	
Recent Transmissible Disease Testing if available	☐	☐	
Other (please specify)	☐	☐	

PLEASE NOTE: THIS PATIENT REMAINS UNDER THE CARE OF THE REFERRING PHYSICIAN UNTIL SEEN AT PM CANCER CENTRE

REFERRAL DECISION (Check most appropriate statement)

YES

☐ Please see appointment details below

TENTATIVE

☐ Please send confirmation of provincial funding. Once received, your patient will be contacted directly with an appointment

DECLINED

☐ Princess Margaret is at full capacity and cannot accept new CAR-T referrals at this time. Please re-direct this referral to _____.

☐ Princess Margaret is at full capacity and cannot accept new CAR-T referrals at this time. Please connect with Ontario health and consider an out of country referral.

☐ The patient does not meet eligibility criteria and is not a candidate for CAR-T. The patient will be seen in a disease-site specific clinic for further evaluation.

☐ The patient does not meet eligibility criteria and is not a candidate for CAR-T. No appointment at Princess Margaret will be made.

APPOINTMENT INFO – Please notify your patient of the following appointment with Dr. _____

DATE (mmm/dd/yyyy):	TIME:

Location: Princess Margaret Cancer Centre, 610 University Avenue,
2nd Floor, Hematology Clinic: ☐ North ☐ South ☐ West

Please ask patient to confirm appointment: 416-946-_____