|  |
| --- |
| **Note: Patients remain under the care of the referring physician until seen by an Oncologist.** |
| **BREAST** | **ADDITIONAL INVESTIGATIONS****Copies only if investigations were not done at TBRHSC** | **Diagnostic Assistance Required?** |
| [ ]  Completed referral form[ ]  History[ ]  Physical Examination[ ]  Operating room reports[ ]  Pathology[ ]  Estrogen/progesterone results[ ]  Mammogram[ ]  Ultrasound[ ]  MRI (for lobular cancer) | **Stage 1 and DCIS**-no further investigations**Stage II**[ ]  CBC/LFT’s[ ]  <4 nodes – bone scan[ ]  =>4 nodes [ ] bone scan, [ ] ultrasounds adbo/liver [ ] chest X-ray**Stage III & IV**[ ]  Bone scan[ ]  Ultrasound adbo/liver[ ]  Chest x-ray[ ]  CBC/LFT’s |  |
| **LUNG** |  |  |
| [ ]  Referral form[ ]  History & Physical[ ]  Chest X-ray[ ]  Bronchoscopy (if done)[ ]  Operating room note [ ]  Pathology (biopsy & excision)[ ]  CT Chest/liver/adrenals[ ]  Pulmonary function test[ ]  Blood work: CBC/electrolytes/LFT’s/Creatinine | **Imaging Reports**:[ ]  Current and old chest x-rays[ ]  CT scan[ ]  Bone scan[ ]  PET Reports (if done)[ ]  Lung DAP reports |  |
| **MELANOMA** |  |  |
| [ ]  Completed Referral Form[ ]  History & Physical[ ]  Pathology (biopsy & excision)[ ]  Operated notes for wide local excision ( if done) | [ ]  CT scan[ ]  U/S[ ]  MRI[ ]  Bone Scan |  |
| **GENITOURINARY** |  |  |
| [ ]  Completed referral form[ ]  History & Physical[ ]  U/S[ ]  Pelvic CT[ ]  Pathology Report[ ]  Operative Notes[ ]  Lab Reports:[ ]  CBC,Lytes,LFT,AlkPhos,Bun,Creat[ ]  **Prostate**-All PSA levels[ ]  **Testes**-HCG, AFP, LDH (pre and post op) | **Imaging Reports:**[ ]  **Prostate**-Bone scan If done[ ]  **Bladder**-Cysto[ ]  -CT Pelvis[ ]  **Testes**-Chest X-ray[ ]  -CT abdo/pelvis[ ]  **Kidney**-Chest X-ray[ ]  -Bone Scan[ ]  -CT Abdomen |  |

|  |
| --- |
| **Note: Patients remain under the care of the referring physician until seen by an Oncologist.** |
| **GASTROINTESTINAL****(esophagus, stomach, colon/rectum, anus, pancreas, liver, biliary tract/gall bladder)** | **Additional Investigations** **Copies only if investigations were not done at TBRHSC** | **Diagnostic Assistance Required?** |
| [ ]  Completed Referral form[ ]  History & Physical[ ]  Labwork (CEA,CBC,LFT)[ ]  Imaging (endoscopy,colonoscopy,ERCP)[ ]  Pathology[ ]  Tumor markers[ ]  Liver – AFP[ ]  Pancreas 19-9[ ]  Neuroendocrine Ki 67%[ ]  CT scan[ ]  MRI for rectal cancer | [ ]  Operative note[ ]  Upper GI series[ ]  Barium Enema[ ]  U/S[ ]  ERCP[ ]  Liver Scan[ ]  Bone Scan |  |
| **CENTRAL NERVOUS SYSTEM** |  |  |
| [ ]  Completed Referral form[ ]  History & Physical[ ]  MRI[ ]  CT Brain[ ]  Pathology if available[ ]  Neuro consult note ( if pathology not available) | [ ]  Associated consult notes[ ]  Labs[ ]  Operative notes |  |
| **GYNECOLOGY****(ovary,fallopian tube,vagina,cervix,vulva,GTN)** |  |  |
| [ ]  Completed referral form[ ]  History & Physical[ ]  Pathology – biopsy or surgical[ ]  CT abdomen/pelvis[ ]  For Cervix: Pelvic MRI[ ]  For Sarcoma: CT Chest/Abd/Pelvis, & Pelvic MRI[ ]  For Pelvic Mass or Ovary: Ca125 CEA, CT Abd/Pelvis[ ]  For GTN – BHCg,AFT,LDH  | [ ]  **Operative Notes**[ ]  **Pathology/cytology**[ ]  **Labs**[ ]  **U/S**[ ]  **MRI**[ ]  **CXR**[ ]  **Associated consult notes** |  |
| **HEAD & NECK** |  |  |
| [ ]  Completed Referral form[ ]  History & Physical[ ]  Pathology biopsy +/- excision[ ]  Cytology biopsy +/- excision[ ]  p16 included in pathology[ ]  Operative notes[ ]  CT scan[ ]  U/S[ ]  CXR |  |  |
|  |  |  |
| **Note: Patients remain under the care of the referring physician until seen by an Oncologist** |
| **SKIN** | **ADDITIONAL INVESTIGATIONS****Copies only if investigations were not done at TBRHSC** | **Diagnostic Assistance Required?** |
| [ ]  Completed referral form[ ]  History & Physical[ ]  Pathology  | [ ]  Photos[ ]  OR notes[ ]  Any imaging[ ]  CXR |  |
| **KIDNEY** |  |  |
| [ ]  Completed referral form[ ]  History & Physical[ ]  U/S[ ]  CT abdomen and pelvis[ ]  Lab work: BUN, Creatinine[ ]  Pathology[ ]  Operative notes |  |  |
| **PRIMARY UNKNOWN** |  |  |
| [ ]  Completed referral form[ ]  History & physical[ ]  Labs[ ]  Imaging[ ]  Any pathology completed during investigations[ ]  Past history of malignancies | [ ]  Operative notes[ ]  Associated consult notes[ ]  CT[ ]  MRI[ ]  Mammogram[ ]  U/S[ ]  Bone Scan[ ]  CXR[ ]  Any workup |  |
|  **SARCOMA** |  |  |
| [ ]  Completed referral form[ ]  History & physical[ ]  Biopsy pathology if available[ ]  Imaging reports | [ ]  Operative notes[ ]  Associated consult notes[ ]  Surgical pathology |  |
| **HEMATOLOGY****(biopsy proven, abnormal blood counts, suspected myeloma)** |  |  |
| [ ]  Completed referral form[ ]  History & physical[ ]  CBC[ ]  Creatinine[ ]  Calcium[ ]  LDH[ ]  For Myeloma: SPEP,QI,CA Protein[ ]  Pathology[ ]  Operative notes[ ]  CT scan[ ]  U/S[ ]  MRI Skeletal Survey[ ]  Bone marrow results[ ]  Flow cytometry |  |  |