



## NEW PATIENT REFERRAL - GUIDELINES

**MANDATORY:** The patient **MUST** be informed of their diagnosis prior to their referral. Cancer Centre Clerical Staff contact new patients by telephone a few days after the referral is made to provide further information about their first appointment. If the patient is unaware of their diagnosis, this will cause undue stress.

### REPORT REQUIREMENTS:

Please provide the following with your referral along with any other pertinent reports/results.

\* Referrals without these mandatory reports may lead to significant delays in patient care.

Disease SITE	Required Reports	Disease SITE	Required Reports
<b>Breast</b>	<ul style="list-style-type: none"> <li>• Pathology*</li> <li>• Operating notes*</li> <li>• Biopsy and definitive surgery reports*</li> <li>• Estrogen/progesterone receptor results*</li> <li>• Imaging*</li> </ul> <p><b>For Invasive, locally advanced or inflammatory cancer:</b> Bone scan, abdominal/pelvis ultrasound, CT and chest x-ray</p>	<b>Hematology</b>	<ul style="list-style-type: none"> <li>• Last 3 labs*</li> <li>• All pertinent investigations*</li> <li>• Bone Marrow Biopsy (if done)</li> </ul>
		<b>Head &amp; Neck</b>	<ul style="list-style-type: none"> <li>• Pathology*</li> <li>• CT Head &amp; Neck*</li> </ul> <ul style="list-style-type: none"> <li>• OR Notes*</li> </ul>
		<b>Lung</b>	<ul style="list-style-type: none"> <li>• Pathology*</li> <li>• OR Notes*</li> <li>• CT chest/abdomen*</li> </ul> <ul style="list-style-type: none"> <li>• PFT</li> <li>• PET</li> <li>• CT head*</li> </ul>
<b>CNS</b>	<ul style="list-style-type: none"> <li>• CT*</li> <li>• Pathology*</li> </ul> <ul style="list-style-type: none"> <li>• MRI*</li> </ul>	<b>Lymphoma</b>	<ul style="list-style-type: none"> <li>• Pathology*</li> <li>• CT Abdomen/Chest/Pelvis*</li> </ul> <ul style="list-style-type: none"> <li>• OR Notes*</li> </ul>
<b>Gastrointestinal</b>	<ul style="list-style-type: none"> <li>• Pathology*</li> <li>• Blood work*</li> <li>• Esophagus – PET</li> <li>• GE Junction – MRI</li> <li>• CT and/or Abdominal U/S*</li> </ul> <ul style="list-style-type: none"> <li>• OR Notes*</li> <li>• CEA 19-9</li> <li>• Rectal - MRI</li> </ul>	<b>Melanoma</b>	<ul style="list-style-type: none"> <li>• Pathology*</li> </ul> <ul style="list-style-type: none"> <li>• OR Notes*</li> </ul>
		<b>Myeloma</b>	<ul style="list-style-type: none"> <li>• Skeletal Survey</li> <li>• Bone Scan</li> <li>• Bone Marrow Biopsy</li> </ul> <ul style="list-style-type: none"> <li>• CT</li> <li>• Blood work</li> </ul>
<b>Genitourinary</b>	<ul style="list-style-type: none"> <li>• Pathology*</li> <li>• TRUS*</li> <li>• CT Abdomen/Pelvis*</li> <li>• Prostate – last 3 PSAs, Gleason&gt;7</li> <li>• Testicular – AFP &amp; BHCG</li> </ul> <ul style="list-style-type: none"> <li>• OR Notes*</li> <li>• Bone Scan*</li> </ul>	<b>Neuroendocrine</b>	<ul style="list-style-type: none"> <li>• Pathology*</li> <li>• K167</li> <li>• Octreotide scan</li> </ul> <ul style="list-style-type: none"> <li>• OR Notes*</li> <li>• Mytotic count</li> <li>• CT</li> </ul>
<b>Gynecology</b>	<ul style="list-style-type: none"> <li>• Pathology*</li> <li>• Last Pap Test</li> <li>• CA125</li> </ul> <ul style="list-style-type: none"> <li>• OR Notes*</li> <li>• Blood work</li> <li>• U/S</li> </ul>	<b>Sarcoma</b>	<ul style="list-style-type: none"> <li>• Pathology*</li> <li>• OR Notes*</li> </ul> <ul style="list-style-type: none"> <li>• MRI</li> <li>• CT</li> </ul>