

# **BC Cancer Vancouver Peptide Receptor Radionuclide Therapy (PRRT) Referral Form**

NAME (PLEASE PRINT)		PI	ERSONAL HEALTH N	UMBER
HOME ADDRESS		CITY		PROVINCE
HOME PHONE	CELL			
EMAIL			METHOD OF CONTAC	
DATE OF BIRTH (DAY/MONTH/YEAR)		O HOME PH	HONE () CELL PH	IONE () EMAIL
REFERRING PHYSICIAN		DATE OF LAS	T EXAM (MUST BE WI	THIN 6 MONTHS)
REFERRING PHYSICIAN'S PHONE				
INSURANCE DETAILS (NAME OF INSURA	ANCE COMPANY	, ID) IF PATIENT H	AS PRIVATE INSURAN	NCE
PATIENT HISTORY: diagnosis, stage, gra	de, Ki-67, treatme	ents, dose (SSA), T	KI, including dates wh	ere possible
PRIMARY SITE + CANCER TYPE				
DIFFERENTIATION				
GRADE				
KI-67				
PRIOR TREATMENTS				
IS PATIENT CURRENTLY ON SSA	YES NO	D DOSE:		
PLEASE CHECK YES OR NO IF YOUR PATIENTS WITH PRIOR PRRT, PLEADOSES RECEIVED.			<u> </u>	
FUNCTIONAL IMAGING ATTACHED, PLE PATHOLOGY ATTACHED, PLEASE CHEC OTHER SCANS - CT, MRI, MIBG, FDG		OR NO YES		FROM WITHIN 6 MONTHS)



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CASE HISTORY		

CT=Computed tomography; FDG=Fluorodeoxyglucose; GA-68=Gallium-68; GEP-NETs=Gastroenteropancreatic neuroendocrine tumours; Ki-67=Nuclear protein Ki67; MIBG=Metaiodobenzylguanidine; MRI=Magnetic resonance imaging; PRRT=Peptide Receptor Radionuclide Therapy; SSA=Somatostatin analogues; TKI=Tyrosine kinase inhibitor.

#### Please ensure to attach the most recent pathology report

#### REFERRAL PROCESS

## Patients outside the BC Cancer system

Fill out a new Patient Referral Form
 http://www.bccancer.bc.ca/health-professionals-site/Documents/Patient-Referral-Form.pdf
 and this PRRT Referral Form and fax to: 604-708-2005

### Patients seen at Non-Vancouver BC Cancer Site

• Fill out an internal referral consult for Vancouver (GI Med Onc / Nuclear Medicine) and this PRRT Referral Form and fax to 604-642-8888