

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

NAME (PLEASE PRINT)		PERSONAL	HEALTH NUMBER
HOME ADDRESS	CITY		PROVINCE
HOME PHONE CELI] [
EMAIL		FERRED METHOD	OF CONTACT (PLEASE CHECK)
DATE OF BIRTH (DAY/MONTH/YEAR)			
REFERRING PHYSICIAN	DATI	E OF LAST EXAM (1	MUST BE WITHIN 6 MONTHS)
REFERRING PHYSICIAN'S PHONE			
INSURANCE DETAILS (NAME OF INSURANC	E COMPANY, ID) IF P	ATIENT HAS PRIVA	TE INSURANCE
PATIENT HISTORY: diagnosis, stage, grade, k	Ki-67, treatments, dos	e (SSA), TKI, includi	ing dates where possible
PRIMARY SITE + CANCER TYPE			
DIFFERENTIATION			
GRADE			
KI-67			
PRIOR TREATMENTS			
IS PATIENT CURRENTLY ON SSA O YE	ES 🔘 NO DOS	E:	
PLEASE CHECK YES OR NO IF YOUR PATIEI	NT HAD PRIOR PRRT	TREATMENT (YES NO
FOR PATIENTS WITH PRIOR PRRT, PLEASE DOSES RECEIVED.	OBTAIN DOCUMENT	ATION FROM THE	TREATING CENTRE OUTLINING
FUNCTIONAL IMAGING ATTACHED, PLEASE			IO (MUST BE FROM WITHIN 6 MONTHS
PATHOLOGY ATTACHED, PLEASE CHECK YE OTHER SCANS - CT, MRI, MIBG, FDG	ES OR NO	YES N	10



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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: 604-877-0585