

## CAR T-CELL THERAPY REFERRAL FORM

### 1. Patient Profile

Surname:

Given Name:

Date of Birth (DD/MM/YYYY):

Gender: ☐ Male ☐ Female ☐ Other

Provincial Health Number:

Phone Number:

Email:

### 2. Referring Physician Information

Physician Name:

Physician Specialty:

Physician Email:

Physician Phone Number:

Physician Fax Number:

**THE FOLLOWING DOCUMENTATION MUST BE SUBMITTED WITH THE APPLICATION** (refer to the relevant eligibility document to ensure patients meets criteria: [Large B-Cell Lymphoma \(Second Line\) Criteria](#); [Large B-Cell Lymphoma \(Third Line\) Criteria](#); [Mantle Cell Lymphoma Criteria](#); [Follicular & Marginal Zone Lymphoma Criteria](#))

Items Required for Application		
<input type="checkbox"/>	<b>Diagnosis:</b> .	
<input type="checkbox"/>	<b>Clinical notes:</b> Summary letter of treatment to date and other relevant clinical notes. <i>(The BC Cancer Provincial Virtual Oncology Nursing Team will collate laboratory, pathology and imaging results)</i>	
<input type="checkbox"/>	ECOG performance status _____. <b>(Age &gt;70 and ECOG 2, see <span style="color: red;">note</span> below)</b>	
<input type="checkbox"/>	Clinical Frailty Score: _____. ( <a href="https://www.dal.ca/sites/gmr/our-tools/clinical-frailty-scale.html">https://www.dal.ca/sites/gmr/our-tools/clinical-frailty-scale.html</a> )	
Yes <input type="radio"/>	No <input type="radio"/>	Patient is able to travel to out-of-province CAR T-cell treatment centre (if needed).
Yes <input type="radio"/>	No <input type="radio"/>	Patient is ambulatory without assistive aids (no wheelchair or walker)
Yes <input type="radio"/>	No <input type="radio"/>	Patient has a secondary caregiver for treatment period.
Yes <input type="radio"/>	No <input type="radio"/>	Does patient require an interpreter? Language: _____

### INSTRUCTIONS:

- Submit this referral form, summary of treatment to date and other relevant clinical notes to the BC Cancer Provincial Virtual Oncology Nursing Team at [cartreferrals@bccancer.bc.ca](mailto:cartreferrals@bccancer.bc.ca).
  - To be eligible for CAR T-cell therapy, patient **MUST** have ECOG 0-2 and, if needed, be able to travel to an out- of-province CAR T-cell treatment centre.
  - Note:** for patients **over 70 years of age** and **ECOG of 2**, the referring provider must have a discussion with VGH's L/BMT program **before submitting the referral**. Please email [cartreferrals@bccancer.bc.ca](mailto:cartreferrals@bccancer.bc.ca) if you require their contact information.
- Please ensure cardiac function testing (echo or MUGA), hepatitis B/C and HIV serology are performed.
- The BC Cancer Provincial Virtual Oncology Nursing Team will notify referring physicians of approvals and denials. For questions or to obtain/submit documents, contact [cartreferrals@bccancer.bc.ca](mailto:cartreferrals@bccancer.bc.ca).

In the event that there is no capacity within BC and the wait at other Canadian sites is clinically unacceptable, Out of Country options, such as Fred Hutchinson in Seattle, can be explored.  
For more information contact: [cartreferrals@bccancer.bc.ca](mailto:cartreferrals@bccancer.bc.ca).