

# Lutetium (177Lu) Vipivotide Tetraxetan (PLUVICTO) RPT Therapy Referral Form

Protocol Code UGUPLVT, Genitourinary Tumour Group BC Cancer  
Protocol for treatment of Metastatic Castration Resistant Prostate  
Cancer using Lutetium (177Lu) Vipivotide Tetraxetan (PLUVICTO)

**REFERRAL DATE:**

**ALL FIELDS MUST BE COMPLETED ON THIS FORM**

**Email completed referral to: [pluvictorefferrals@bccancer.bc.ca](mailto:pluvictorefferrals@bccancer.bc.ca)**

## PATIENT INFORMATION:

LAST NAME (PLEASE PRINT) FIRST NAME (PLEASE PRINT) PERSONAL HEALTH NUMBER

HOME PHONE CELL PHONE BC CANCER MRN (OR ID)

DATE OF BIRTH (DAY/MONTH/YEAR) PATIENT EMAIL

HOME ADDRESS CITY PROVINCE

PREFERRED METHOD OF CONTACT (PLEASE CHECK) POSTAL CODE

HOME PHONE CELL PHONE EMAIL

## REFERRING PHYSICIAN'S INFORMATION:

REFERRING PHYSICIAN'S LAST NAME REFERRING PHYSICIAN'S FIRST NAME MSP NUMBER

PHYSICIAN SIGNATURE (REQUIRED) REFERRING PHYSICIAN'S OFFICE PHONE

## ADDITIONAL INFORMATION:

HAD PRIOR RADIONUCLIDE THERAPY FOR PROSTATE CANCER (IE RADIUM 223 OR PLUVICTO)? - CHECK YES OR NO YES NO

IF YES, DATE: \_\_\_\_\_

PSMA SCAN WITHIN 6 MONTHS? - CHECK YES OR NO YES NO

CAP APPROVAL COMPLETE (MANDATORY REQUIREMENT)

DOES PATIENT REQUIRE AN INTERPRETER? - CHECK YES OR NO YES NO  
IF YES, LANGUAGE:

IS PATIENT AMBULATORY WITHOUT ASSISTIVE AIDS (NO WHEELCHAIR OR WALKER)? - CHECK YES OR NO YES NO