





## CAR T-CELL THERAPY REFERRAL FORM

1. Patient Profile		nt Profile	2. Referring Physician Information		
Surname:		::	Physician Name:		
Given Name:		ame:	Physician Specialty:		
Date of Birth (DD/MM/YYYY):		Birth (DD/MM/YYYY):	Physician Email:		
Gender: □ Male □ Female □ Other		☐ Male ☐ Female ☐ Other	Physician Phone Number:		
Provincial Health Number:		al Health Number:	Physician Fax Number:		
THE FOLLOWING DOCUMENTATION MUST BE SUBMITTED WITH THE APPLICATION (refer to the relevant eligibility document to ensure patients meets criteria: <a href="Large B-Cell Lymphoma Criteria"><u>Large B-Cell Lymphoma Criteria</u></a> ; <a href="Mantle Cell Lymphoma Criteria">Mantle Cell Lymphoma Criteria</a> )					
		Items Required for Application			
Itei	ns Re	equired for Application			
Itei	ns Re	Diagnosis:	·		
Itei	ms Re	Diagnosis:  Clinical notes: Summary letter of treatment to d	late and other relevant clinical notes. (The BC Cancer ollate laboratory, pathology and imaging results)		
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Itei	ms Re	Diagnosis:  Clinical notes: Summary letter of treatment to de Provincial Virtual Oncology Nursing Team will contain the containing the provincial Virtual Oncology Nursing Team will contain the provincial Virtual Oncology Nursing Team will be provinc	ollate laboratory, pathology and imaging results)		
Yes	No No	Diagnosis:  Clinical notes: Summary letter of treatment to de Provincial Virtual Oncology Nursing Team will contain the contained of the provincial Virtual Oncology Nursing Team will contain the provincial Virtual Oncology Nursing Team will be provi	ollate laboratory, pathology and imaging results)  a/sites/gmr/our-tools/clinical-frailty-scale.html)		
		Diagnosis:  Clinical notes: Summary letter of treatment to de Provincial Virtual Oncology Nursing Team will contain the second performance status  Clinical Frailty Score: (https://www.dal.com	collate laboratory, pathology and imaging results)  ca/sites/gmr/our-tools/clinical-frailty-scale.html)  c-cell treatment centre (if needed).		

## **INSTRUCTIONS:**

- 1. Submit this referral form, summary of treatment to date and other relevant clinical notes to the BC Cancer Provincial Virtual Oncology Nursing Team at <a href="https://outofprov-CountryReferrals@bccancer.bc.ca">OutOfprov-CountryReferrals@bccancer.bc.ca</a>.
  - To be eligible for CAR T-cell therapy, patient MUST have ECOG 0-2 and be able to travel to an outof-province CAR T-cell treatment centre.
  - Ambulation without assistive aids, Clinical Frailty Score and availability of secondary caregiver are NOT inclusionary/exclusionary criteria but help CART treaters to assess any barriers to therapy.
- 2. 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 <u>OutOfProv-CountryReferrals@bccancer.bc.ca</u>

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: <a href="https://outofprov-countryReferrals@bccancer.bc.ca">outofprov-countryReferrals@bccancer.bc.ca</a>.