

Chimeric Antigen Receptor T Cell (CAR-T) Referral, Accompanying Documentation List

Referral Guidelines

1. This form is intended for referrals of patients meeting criteria for CAR T-cell therapy.

Indication: LBCL MCL ALL Other (specify): _____

2. Please identify below, all of the documents to be included with this referral.

3. Fax this completed form, accompanying documentation AND JHCC Outpatient Oncology New Patient Referral form to 905-575-6316.

Patient Name: _____ **Patient OHIP #** _____

Referring Hospital: _____

Referring Hematologist: _____

(REQUIRED documents, unless otherwise indicated)	Sent	Pending	Date to Expect Results / Comments
Clinical notes*: Most recent summary letter describing treatment to date, including when treatment started, delays, changes, transplant information (if relevant), current medications	<input type="checkbox"/>	<input type="checkbox"/>	
Karnofsky Performance Score (KPS) ≥ 70%	<input type="checkbox"/>	<input type="checkbox"/>	KPS= _____ %
Labs*: CBC, chemistry, hepatitis, coagulation, HepB, HepC and HIV serology (within 6 weeks prior to sending referral)	<input type="checkbox"/>	<input type="checkbox"/>	
PFT (Pulmonary Function Test) (within 6 weeks prior to sending referral) (Optional)	<input type="checkbox"/>	<input type="checkbox"/>	
ECHO* (within 6 weeks prior to sending referral)	<input type="checkbox"/>	<input type="checkbox"/>	
MRI or CT of the head if CNS suspected*	<input type="checkbox"/>	<input type="checkbox"/>	
Disease Specific Documents - ALL			
Most recent bone marrow aspirate and biopsy reports (including flow cytometry) and cytogenetic and molecular testing results*	<input type="checkbox"/>	<input type="checkbox"/>	
Most recent lumbar puncture results*	<input type="checkbox"/>	<input type="checkbox"/>	
Disease Specific Documents - LBCL			
Biopsy demonstrating *	<input type="checkbox"/>	<input type="checkbox"/>	
Bone marrow aspirate and biopsy reports (Optional)	<input type="checkbox"/>	<input type="checkbox"/>	
CT or PET Imaging* (within 6 weeks prior to sending referral)	<input type="checkbox"/>	<input type="checkbox"/>	

This referral will not be processed without required documentation.

