Juravinski Hospital and Cancer Centre
HAMILTON HEALTH SCIENCES

HAMILTON HEALTH SCIENCES
JURAVINSKI HOSPITAL & CANCER CENTRE
CHIMERIC ANTIGEN RECEPTOR T CELL (CAR-T)
ACUTE LYMPHOBLASTIC LEUKEMIA (ALL)
REFERRAL ACCOMPANYING DOCUMENTATION CHECKLIST

Patient Name: ____

Patient OHIP #: ____

Referring Hospital: ____

Referring Hematologist: _______________________________________

Fax this checklist, accompanying documentation

AND

the JHCC New Patient Referral form to 905-575-6316

(REQUIRED, 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	☐	☐	
Karnofsky Performance Score (KPS) ≥ 70%	☐	☐	KPS= ________%
Most recent bone marrow aspirate and biopsy reports (including flow cytometry) and cytogenetic and molecular testing results*	☐	☐	
Most recent lumbar puncture results*	☐	☐	
Labs*: CBC, chemistry, hepatitis, coagulation, HepB, HepC and HIV serology (within 6 weeks prior to sending referral)	☐	☐	
PFT (Pulmonary Function Test) (within 6 weeks prior to sending referral) (Optional)	☐	☐	
ECHO* (within 6 weeks prior to sending referral)	☐	☐	
MRI or CT of the head if CNS suspected*	☐	☐	

This referral <u>will not be</u> processed without *required documentation.