



**LEUKEMIA/BONE MARROW TRANSPLANT  
PROGRAM OF BRITISH COLUMBIA**

10<sup>th</sup> floor, 2775 Laurel Street, Vancouver V5Z 1M9

P: 604 875 4863 F: 604 875 4763

\*\*PLEASE NOTE: Incomplete forms will be returned

**PATIENT DEMOGRAPHIC INFORMATION**

First Name:	Address:
Last Name:	
DOB:	Home Phone:
PHN:	Cell Phone:
Cancer Agency #:	Work Phone:
Family Doctor:	Email:
Diagnosis:	
Is your patient aware of this referral?	

**REQUIRED CLINICAL INFORMATION**

\*if a result is pending, please indicate this below and forward to our office once the results are available\*

✓	<b>Multiple Myeloma:</b>	<b>Pending?</b>
	Consult and Recent Progress Notes	
	Bone Marrow Biopsy	
	FISH	
	Skeletal Survey	
	Albumin, CBC, Lytes, Creatinine, Calcium, LDH, Serum Protein Electrophoresis	
	Beta-2 Microglobulin	
	24 hour Urine Protein excretion	
✓	<b>Marrow Failure/Myeloid Malignancy:</b>	<b>Pending?</b>
	Consult and Recent Progress Notes	
	Bone Marrow Biopsy	
	Cytogenetics	
	Myeloid panel results	
	CBC, Lytes, Creatinine, Calcium, LDH ( within 30 days)	
✓	<b>Lymphoma:</b>	<b>Pending?</b>
	Consult and Recent Progress Notes	
	Bone Marrow Biopsy	
	Pathology reports	
	CT/PET scans	
	CBC, Lytes, Creatinine, Calcium, LDH (within 30 days)	

Referring Physician Name:	MSP # :
Referring Physician Phone:	Fax :
Date of Referral:	

Please fax the completed referral package to Hematology Reception 604 875 4763