



**LEUKEMIA/BONE MARROW TRANSPLANT
PROGRAM OF BRITISH COLUMBIA**
10th floor, 2775 Laurel Street, Vancouver V5Z 1M9
P: 604 875 4863 F: 604 875 4763

****PLEASE NOTE: An appointment will not be booked until we have received the following information.**

PATIENT DEMOGRAPHIC INFORMATION

Last Name:	Address:
First Name:	
DOB:	PHN:
GP:	MSP#
	Preferred contact number:
	Email:

Diagnosis:
Reason for referral:
Current Chemotherapy and Start Date:
Is patient aware their first appointment with us will be in-person in Vancouver? Yes No

REQUIRED CLINICAL INFORMATION

Please attach all relevant reports to this referral form. Referral will not be triaged without them, and we do not pull reports from Cerner.

Lymphoma:
Consult and Recent Progress Notes
Bone Marrow Biopsy
Pathology reports
CT/PET scans
CBC, Lytes, Creatinine, Calcium, LDH (within 30 days)

Marrow Failure/Myeloid Malignancy:
Consult and Recent Progress Notes
Bone Marrow Biopsy
Cytogenetics
Myeloid panel results
CBC, Lytes, Creatinine, Calcium, LDH (within 30 days)

Multiple Myeloma:
Consult and Recent Progress Notes
Bone Marrow Biopsy
FISH
Skeletal Survey
Albumin, CBC, Lytes, Creatinine, Calcium, LDH, Serum Protein Electrophoresis, Free light chains
Beta-2 Microglobulin

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

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