CancerCare Manitoba
ActionCancerManitoba

Central Referral Office
Send Referrals by Fax: 204-786-0621
For Inquiries Call: 1-844-320-4545

CancerCare Referral Form: Liver

Referral Date:

REFERRAL INSTRUCTION

- A complete referral **must include**:
  a. This referral form
  b. Referral letter including history of present illness, past medical history, and medication list
  c. Disease site-specific referral requirements on page 2 of this form
- Incomplete referrals will be returned
- Patient must be aware of referral to CancerCare Manitoba
- If the referral is emergent, please phone the "on call" medical or radiation oncologist, gynecologic oncologist, surgical service or hematologist through paging for Health Sciences Centre at 204-787-2071 or St. Boniface Hospital paging at 204-237-2053.

PATIENT INFORMATION

Surname: Given name & initial: Previous name(s): Preferred name (if different from given name): DOB: PHIN: Need for an interpreter? ☐ Yes ☐ No Specify language:	Address: City: Postal Code: Preferred Phone: Emergency contact/support person name: Relationship: Preferred phone:

REFERRAL INFORMATION

Diagnosis: ☐ Presumptive ☐ Confirmed Reason for consultation: ☐ New diagnosis ☐ Recurrent/progressive disease	Referring health care provider: Surgeon (if applicable): Primary care provider: In-patient? ☐ Yes ☐ No Hospital-specify unit: Unit phone:

Please see page 2 for required criteria

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Liver Oncology Referral Requirements

REQUIRED INFORMATION TO COMPLETE PATIENT TRIAGE

If this is an urgent consult, please page on call physician at CCMB.

1. Hepatocellular carcinoma (HCC)
   - ☐ Liver imaging within 3 months: CT or MRI scan
   - ☐ Serum bilirubin, albumin, INR, AFP and platelet count within the last 3 months

2. Cholangiocarcinoma (including Klatskin's Tumor)
   - ☐ Pathology/Cytology report within the last 6 months
   - ☐ CT chest, abdomen and pelvis within last 3 months (or date ordered _____)
     MUST SPECIFY for CANCER staging on imaging requisition
   - ☐ Serum albumin, bilirubin, INR within the last 3 months
   - ☐ CA 19–9 within the last 3 month

3. Liver metastasis that are requesting Liver SBRT
   - ☐ CT chest, abdomen and pelvis within last 3 months (or date ordered _____)
     MUST SPECIFY for CANCER staging on imaging requisition
   - ☐ LFTs and INR within last 3 months

4. Liver mass/mets with no previous malignancy and/or clinical information suggesting primary DSG
   - ☐ CT chest, abdomen and pelvis within last 3 months (or date ordered _____)
     MUST SPECIFY for CANCER staging on imaging requisition
   - ☐ MRI Liver within the last 3 months (or date ordered _____)
     MUST SPECIFY for CANCER staging on imaging requisition
   - ☐ LFTs and INR within last 3 months

NOTE: This checklist is provided as a guide and is not intended as clinical guidance