CancerCare Manitoba
ActionCancerManitoba

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

CancerCare Referral Form: Sarcoma

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

REFERRAL INFORMATION

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

Please see page 2 for required criteria

CancerCare Manitoba
ActionCancerManitoba

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

Sarcoma Oncology Referral Requirements

REQUIRED INFORMATION TO COMPLETE PATIENT TRIAGE

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

1. Solitary Bone lesion not yet diagnosed
   - ❑ CT scan of lesion over last 8 weeks (Completed_____)

   MUST SPECIFY for CANCER staging on imaging requisition
   - ❑ Serum SPEP and free light chain ratio

2. Soft tissue lesion on an extremity
   - ❑ MRI of lesion within the last 8 weeks (Completed_____)

   MUST SPECIFY for CANCER staging on imaging requisition

3. Soft tissue lesion that is intrathoracic or intraabdominal
   - ❑ CT Chest/Abdomen/Pelvis with the last 8 weeks (Completed/date ordered_____)

   MUST SPECIFY for CANCER staging on imaging requisition

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