

RECORDS NEEDED FOR ALL REFERRALS

(also see specific requests per diagnosis below)

- Initial Consult Note/Recent office notes/hospital notes
- Insurance Cards
- Current Medication List
- Demographics

ONCOLOGIC

Breast Cancer <input type="checkbox"/> Mammography, U/S and MRI's results for the last 4 years <input type="checkbox"/> Pathology Reports (Biopsy, cytology, axillary node dissection, mastectomy) <input type="checkbox"/> Her2Neu report <input type="checkbox"/> Oncotype Dx report <input type="checkbox"/> ER/PR status report <input type="checkbox"/> CA 27-29 tumor markers	Colon Cancer <input type="checkbox"/> Pathology reports (colonoscopy, endoscopy) <input type="checkbox"/> Surgical reports (colon resection) <input type="checkbox"/> CEA tumor markers <input type="checkbox"/> Recent GI work up
Gastric Cancer (including Esophageal) <input type="checkbox"/> Pathology reports (endoscopy, ERCP) <input type="checkbox"/> Surgical reports (resection)	Gynecologic Cancer <input type="checkbox"/> Scans (mammogram, CT scan, PET scan and U/S) <input type="checkbox"/> CA-125 tumor markers <input type="checkbox"/> Pathology reports (PAP, colposcopy)
Head & Neck Cancer <input type="checkbox"/> CT and/or PET Scans <input type="checkbox"/> Pathology Reports	Lung Cancer (NSCLC & SCLC) <input type="checkbox"/> Pathology reports (tissue testing) <input type="checkbox"/> CT and/or PET Scans (last 2-3 years) <input type="checkbox"/> Bronchoscopy (bronchial washings) <input type="checkbox"/> Biomarkers
Melanoma and other skin cancers <input type="checkbox"/> Pathology reports (original biopsy from dermatologist) <input type="checkbox"/> Surgical reports (resection from plastic surgeon) <input type="checkbox"/> Scans & X-rays, PET and CT scan	Neurologic <input type="checkbox"/> Scans (MRI, CT, EEG) <input type="checkbox"/> Pathology Reports (biopsies, cytology specimen)
Pancreatic Cancer <input type="checkbox"/> Labs for last 5 years <input type="checkbox"/> Scans (CT and/or PET) <input type="checkbox"/> CA 19-9 tumor markers <input type="checkbox"/> GI work up	Prostate Cancer <input type="checkbox"/> PSA for the last 5 years <input type="checkbox"/> Surgical reports (TURP, cystoscopy, prostatectomy) <input type="checkbox"/> Scans (CT, Bone, ultrasound)
Renal Cancer <input type="checkbox"/> Urologist consultation notes <input type="checkbox"/> Referring MD notes <input type="checkbox"/> Recent radiology reports and studies (IVP, cystoscopy)	Urologic Cancer <input type="checkbox"/> Urologist consultation note/referring note <input type="checkbox"/> Procedural notes from Cystoscopy <input type="checkbox"/> Radiology (CT scans, IVP's from last 3 months)

MALIGNANT HEMATOLOGY

Leukemia (AML, ALL, CML, CLL) <input type="checkbox"/> Pathology reports (Flow cytometry, bone marrow bx, immunohistochemical stains) <input type="checkbox"/> Surgical reports <input type="checkbox"/> Transfusion records <input type="checkbox"/> Previous treatments (MUGA scan if appropriate)	Lymphoma (Non-Hodgkin & Hodgkin's) <input type="checkbox"/> Pathology reports (BCR-ABL, flow cytometry, bone marrow biopsy) <input type="checkbox"/> Scans (PET, CT) <input type="checkbox"/> Biopsy results (lymph node biopsy)
MDS/Myelofibrosis <input type="checkbox"/> Bone marrow biopsy <input type="checkbox"/> Skeletal survey, CT scan, PET scan <input type="checkbox"/> JAK 2 mutation, del 17p, bone marrow bx reports	Multiple Myeloma <input type="checkbox"/> Bone marrow biopsy <input type="checkbox"/> Skeletal survey, CT scan, PET scan

BENIGN HEMATOLOGY

Benign Hematologic Malignancies (send results for the past 5 years)		
<input type="checkbox"/> Iron Deficiency Anemia	<input type="checkbox"/> Von Willebrand's	<input type="checkbox"/> Factor V Leiden
<input type="checkbox"/> B12/Folate Deficiency	<input type="checkbox"/> DVT	<input type="checkbox"/> Thrombocytosis

RADIATION**Breast Cancer**

Mammography, U/S, MRI, Bone Scan
 Pathology Reports ER/PR status report
 (Biopsy, cytology, axillary node dissection, mastectomy)
 Her2Neu report Oncotype Dx report

CNS (Brain and Spinal Cord)

MRI
 MRI images on disk

Esophageal/Stomach/Pancreatic

Endoscopic U/S EGD
 Operative Reports

GI (Anal, Rectal, Colon)

Transrectal U/S Colonoscopy
 Operative Reports MRI

GYN

Scans (CT scan and U/S) Pelvic Washings
 Operative Note

Head & Neck Cancer

ENT note PET scan
 Operative Reports

Lung

Pulmonary Function tests (PFTs)
 CT and/or PET Scans, Brain MRI
 Bronchoscopy

Prostate Cancer

PSA Urologist Note
 Surgical reports (TURP, cystoscopy, prostatectomy)
 Bone scan Primary Oncologist Note

Urologic Cancer

Urologist consultation note/referring note Operative Reports
 Procedural notes from Cystoscopy PET scan

PET/CT**AXUMIN PET:**

Patient benefit verification form Patient must have prior hx of Prostate Cancer
 Prior Authorization needed after benefit verification complete Patient had to be treated for Prostate Cancer
 Order (signed by physician, ICD10 codes C61 & Z85.46, CPT Code) Patient has a rising PSA after reaching nadir
 Demographics/Insurance Cards (front and back) Office note (that includes above items)
 Negative/Inconclusive Imaging reports Pathology Report/Surgical Note
 (CT, MRI, U/S, Bone scan) Last 3 PSA results

FDG PET/CT

Order (signed by physician, ICD10, CPT Code) Scans (CT, MRI, Bone Scan, Previous PET/CT)
 Prior Authorization Office Note

AMYLOID (Amyvid, Neuceq) and Tau (Flortaucipir, MK-6240, PI-2620, GTPI, AV-45)

Contact PET/CT Scheduling Dept. 518-269-3074

CAR-T

Initial biopsy All previous treatments Imaging PET/CT
 Most recent OV note Current Medication List All pathology related to lymphoma
 Blood prognostic factors (FISH, FLOW, cytogenetics, NGS) Referring MD phone number AND email

Clinical Trials

Initial biopsy and most recent biopsies (if any) All pathology since time of diagnosis
 Most recent OV notes Imaging PET/CT
 Current medication list (in addition to chemo) Blood prognostic factors (FISH, FLOW, cytogenetics, NGS)
 All previous treatments Medical history

STEM CELL

Imaging Insurance Card Labs (within the last year)
 Recent Office note Demographic Sheet

HCRA

Office note from referring provider or other relevant provider (PCP, GYN, Gastro etc)
 For assessment for Colon CA syndromes – all available colonoscopies and path reports
 Patients with cancer diagnosis – obtain path reports Prior genetic testing if possible/available

