

**INFORMATION REQUIRED BY CCMB REFERRAL CENTRE—  
PEDIATRIC ONCOLOGY, HEMATOLOGY & BONE MARROW TRANSPLANT**

- Pediatric Referrals are for those patients being referred prior to their 17<sup>th</sup> birthday.
- For emergent and urgent pediatric referrals, the referring physician should contact the pediatric oncologist on-call via Health Sciences Centre paging at 204-787-2071.
- Other referrals may be faxed to the CCMB Referral Centre (204-786-0621.)

**Note:** No specific diagnostic workup is required prior to referral.

*Completion of the new patient referral form is not required, but a referral letter with available pertinent information is preferred.*