

Central Referral Office
Send Referral by Fax: 204-786-0621
Inquiry? Call: 1-844-320-4545

Genitourinary Oncology Referral Guide

(Penile, Renal, Testicular, Urothelium Renal pelvis, Ureter, Bladder and Urethra, Prostate)

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

REQUIRED INFORMATION TO COMPLETE PATIENT TRIAGE

Please send a copy of the original results/reports if available or indicate the date and location if ordered.

GU DSG Disease	Requirements	Required/Preferred
Penile	<input type="checkbox"/> Pathology report (FNA, Core Biopsy, Penectomy, Lymphadenectomy, etc.)	Required
	<input type="checkbox"/> CT Scans	Preferred
	<input type="checkbox"/> History and physical exam from referring MD	Preferred
Renal	<input type="checkbox"/> CT Scan Abdomen and pelvis or Renal/Abdominal Ultrasound	Required
	<input type="checkbox"/> Urine cytology	Preferred
	<input type="checkbox"/> Pathology report (FNA, Core Biopsy, Nephrectomy, etc.)	Preferred
	<input type="checkbox"/> IVP	Preferred
	<input type="checkbox"/> CT chest	Preferred
	<input type="checkbox"/> Bon Scan	Preferred
	<input type="checkbox"/> MRI	Preferred
	<input type="checkbox"/> History and physical exam from referring MD	Preferred
Testicular	<input type="checkbox"/> Testicular Ultrasound	Preferred
	<input type="checkbox"/> CT Scan Abdomen and pelvis	Preferred
	<input type="checkbox"/> Blood work - Beta HCG, AFP, LDH	Preferred
	<input type="checkbox"/> CT Scan chest	Preferred
	<input type="checkbox"/> Pathology report	Preferred
	<input type="checkbox"/> Operative report (Orchiectomy, Abdominal lymph node dissection)	Preferred
	<input type="checkbox"/> Blood work - CBC, Biochemistry, LFTs	Preferred
	<input type="checkbox"/> History and physical exam from referring MD	Preferred

GU DSG Disease	Requirements	Required/Preferred
Urothelium (Renal pelvis, ureter, bladder and urethra)	<input type="checkbox"/> Pathology report	Required
	<input type="checkbox"/> CT Scan Abdomen and pelvis	Required
	<input type="checkbox"/> Procedure reports and OR reports (Cystoscopy, Ureteroscopy, Nephroureterectomy, Cystectomy, FNA Biopsy, etc.)	Preferred
	<input type="checkbox"/> Urine cytology	Preferred
	<input type="checkbox"/> CT chest	Preferred
	<input type="checkbox"/> IVP	Preferred
	<input type="checkbox"/> Blood work - CBC, Biochemistry, LFTs	Preferred
	<input type="checkbox"/> History and physical exam from referring MD	Preferred
Prostate	<input type="checkbox"/> Prostate biopsy pathology	Required
	<input type="checkbox"/> PSA results	Required
	<input type="checkbox"/> CT Scan Abdomen and pelvis	Preferred
	<input type="checkbox"/> Pathology report (TURP, Prostatectomy, Lymphadenectomy, Orchiectomy, etc.)	Preferred
	<input type="checkbox"/> CT chest	Preferred
	<input type="checkbox"/> Bone Scan	Preferred
	<input type="checkbox"/> Blood work - CBC, Biochemistry, LFTs	Preferred
	<input type="checkbox"/> History and physical exam from referring MD	Preferred

ADDITIONAL INFORMATION

Please send a copy of the original results/reports if available or indicate the date and location if ordered.

Pathology & Operative Reports	<input type="checkbox"/> Diagnostic Biopsy (eg. FNA, Core Biopsy, etc.) <input type="checkbox"/> Prostatectomy <input type="checkbox"/> Lymphadenectomy <input type="checkbox"/> Orchiectomy * <input type="checkbox"/> TURP <input type="checkbox"/> Urine cytology <input type="checkbox"/> Nephrectomy <input type="checkbox"/> Arterial embolization
Blood Work	<input type="checkbox"/> CBC <input type="checkbox"/> Biochemistry, LFT's <input type="checkbox"/> All PSA results
Other information	<input type="checkbox"/> Hospital discharge <input type="checkbox"/> Urinalysis

Additional support for clinicians is available at the Cancer Question Helpline for Health Care Professionals:
Call/Text: 204-226-2262 Email: cancerquestion@cancercare.mb.ca Web: cancercare.mb.ca/cancerquestion