

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

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

### ADDITIONAL INFORMATION

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

<b>Pathology &amp; Operative Reports</b>	<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
<b>Blood Work</b>	<input type="checkbox"/> CBC <input type="checkbox"/> Biochemistry, LFT's <input type="checkbox"/> All PSA results
<b>Other information</b>	<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](mailto:cancerquestion@cancercare.mb.ca) Web: [cancercare.mb.ca/cancerquestion](http://cancercare.mb.ca/cancerquestion)**