



Medical Oncology Required Records Checklist

Patient Name:

DOB:

ONCOLOGY GENERAL: PLEASE INCLUDE ALL RECORDS BELOW WITH REFERRAL	
<input type="checkbox"/>	Referring provider's most recent office note pertaining to diagnosis
<input type="checkbox"/>	Imaging from past year – Including CT, PET, MRI, Ultrasound, Nuclear Medicine, MUGA/Echo
<input type="checkbox"/>	Most recent pathology report as well as pathology report from initial diagnosis
<input type="checkbox"/>	Labs from past year
<input type="checkbox"/>	Chemotherapy and/or Radiation treatment summary

DISEASE SPECIFIC: PLEASE INCLUDE DISEASE SPECIFIC RESULTS IF AVAILABLE			
<input type="checkbox"/>	ACUTE LEUKEMIA	Flow Cytometry All Bone Marrow Pathology	Cytogenetics
<input type="checkbox"/>	BREAST CANCER	ER/PR DEXA scan Oncotype DX testing FISH/CISH if HER2 initial testing is indeterminate	HER2 BRCA testing Mammogram/US/Breast MRI
<input type="checkbox"/>	CHRONIC MYELOGENOUS LEUKEMIA	All Bone Marrow Pathology PCR for BCR/ABL transcript	FISH for BCR/ABL
<input type="checkbox"/>	COLORECTAL CANCER	K-ras Testing Preoperative CEA Level	Colonoscopy Report
<input type="checkbox"/>	GASTRIC CANCER	EGD	HER2 Testing
<input type="checkbox"/>	LUNG CANCER	EGFR/ALK Testing PDL Testing	Pulmonary Function Tests ROS-1 Testing
<input type="checkbox"/>	LYMPHOMA	Flow Cytometry	Cytogenetics
<input type="checkbox"/>	MELANOMA	BRAF Testing	NRAS Testing
<input type="checkbox"/>	MYELOMA	24 Hour Urine Serum Protein Electrophoresis Immunofixation	Serum Free Light Chains Beta 2 Microglobulin Bone Marrow Biopsy Pathology
<input type="checkbox"/>	NEUROENDOCRINE TUMORS	Chromogranin A Level	24 Hour Urine for 5HIAA
<input type="checkbox"/>	RENAL/GYNECOLOGICAL/BLADDER CANCERS	CA125 Tumor Marker for Ovarian Cancer	
<input type="checkbox"/>	PANCREATIC CANCER	ERCP (Endoscopic Retrograde Cholanigio-Pancreatography) Endoscopic Ultrasound	CA-19-9 Tumor Marker
<input type="checkbox"/>	PROSTATE CANCER	PSA x 2 + years	

Please fax requested information to Goshen Center for Cancer Care Intake Department at 574-364-2488. Please call 574-364-2973 with any questions.

If above documents are not included please indicate reason _____