

Central Referral Office

Referral by Fax: 204-786-0621

Inquiry? Call: 204-787-2176

(Anal, Biliary Duct, Carcinoid, Colorectal, Gall Bladder,
Gastric, Hepatocellular and Pancreas)

NOTE: this checklist is provided as a guide and is not intended as clinical guidance. Please see resources for the work-up of suspected cancer at the bottom of the page.

REQUIRED INFORMATION

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

General Information

- Referral letter:
 - History and Physical
 - Co-existing medical conditions
 - Allergies
 - Previous malignancy information (diagnosis and previous treatment)
- Referral Information Sheet - additional patient demographic and referral information not included in Referral Letter.

Pathology & Operative Reports

- Pathology done at time of endoscopy
- Pathology & Operative Reports at definitive surgery
- All endoscopic procedures (e.g. colonoscopy, gastroscopy, esophagoscopy)

Diagnostic Imaging

- CT Chest
- CT Abdomen / Pelvis
- MRI Pelvis (if rectal lesion)
- Endoscopic Ultrasound

ADDITIONAL INFORMATION

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

Pathology & Operative Reports

- FNA biopsy – cytology
- Core biopsy

Blood work

- CBC
- CEA
- Biochemistry, LFTs
- CA 19-9 (for Hepatobiliary Cancer and Pancreatic Cancers)
- Alpha-fetoprotein (for Hepatocellular Cancer)

Diagnostic Imaging

- Abdominal X-Ray
- Chest X-Ray
- Barium Enema
- ES&D
- ERCP (for Hepatobiliary Cancer and Pancreatic Cancers)
- Cholangiogram
- Ultrasound

Other Information

- Hospital discharge summary, if applicable

For information on the work-up of suspected cancers and blood disorders, please go to: www.cancercare.mb.ca/diagnosis

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 * Online: www.cancercare.mb.ca/cancerquestion