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**Cell Therapy/ATMP Clinical Trial Referral form**

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**Cell Therapy/ATMP Clinical Trial Referral form**

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| --- | --- | --- | --- | --- |
| **Patient’s name/addressograph label** |  | | **NHS number** |  |
| **Date of birth:** |  | | **Patient contact number(s):** |  |
| **Patient address:** |  | | **GP name and address:** |  |
| **Referring consultant name:** |  | | **Referring centre name:** |  |
| **Referring clinician email and contact number:** |  | | | |
| ***\*Please include a copy of the patients most recent CT scan report and their diagnostic histology report\**** | | | | |
| **Diagnosis details** | *Diagnosis and stage:* |  | | |
| *Sites of metastatic disease:* |  | | |
| *Molecular profile (if known):* |  | | |
| **Cancer treatment history** | *Is the patient currently on treatment?* | Yes □ No □  Please state: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | |
| *No. of lines of treatment received to date:* | 1 □ 2 □ 3 □ 4 □ >4 □ | | |
| *Any significant toxicities to treatment?* | Yes □ No □  Please state:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | |
| *Current performance status* | 0 □ 1 □ 2 □  *ECOG 0-1 required for trials* | | |
| *Other relevant medical history (if applicable):* |  | | |
| **Reason for referral (tick all that apply)** | Pre-screening □  Consideration of cell therapy trial □   If referring for specific trial, please state the name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | |
| **Pathology** | Has the patient had HLA testing performed locally? Yes □ No □  HLA status: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Archival tumour available for pre-screening? Yes □ No □  If yes, please state where currently stored (if known):  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | |
| If eligible to be considered for the main study, is the patient aware of intensive nature of cell therapy studies? (i.e. cell collection, chemotherapy admission and cell infusion) Yes □ No □  *Please note: It may be possible to conduct the first appointment by telephone and some studies offer remote consent for pre-screening. However, we may request patients travel to The Christie for*  *face-to-face consultation and to consent in person for studies.* | | | | |
| Please use this box for any additional comments, if applicable: | | | | |