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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:  |