



Thank you for referring your patient to Phoenix Children's Hospital. For CAR-T referrals, please call the Cellular Therapy Referral Line at (480) 826-4251 or email our team at CellularTherapyReferral@phoenixchildrens.com. If possible, contact Phoenix Children's immediately upon relapse or recognition of refractory disease and before additional chemotherapy is given.

For a smooth referral process, please complete the following information and fax to (602) 933-2493 Attn: Michelle Gillard, Cellular Therapy Program Coordinator.

Patient Name:

DOB:

Diagnosis:

Insurance:

Referring Facility:

Best Contact at Referring Facility:

Parent's names & best contact phone #:

Preferred Language:

Include the following documents in the referral packet:

- Patient Demographic Sheet
- Copy of insurance card
- Referral Note
- Recent History and Physical, within last 30 days
- All treatment roadmaps
- Prior HSCT? Y / N
 - If yes, please send discharge summary
- Most recent hem/onc or BMT progress note
- Consulting provider progress notes
 - Including infectious disease, palliative care, pulmonology, cardiology, etc.
- Copy of all scan reports, within last 12 months
 - Referring facility please also send disk of scans w/ reports to:
 - Michelle Gillard
1919 E. Thomas Road CCBD
Phoenix, AZ 85016
- Bone Marrow biopsy/aspirate reports for original diagnosis, relapse diagnosis, and most recent
 - Include pathology reports, cytogenetics, MRD for each marrow.
- Lumbar Puncture reports- please include all reports.
- Surgical biopsy reports- please include all reports.
- Pertinent lab results:
 - ABO typing, CMV viral titers
 - If applicable: genetic testing, disease related labs i.e. VMA/HVA, etc.
- Medication list if not listed in clinical note
- **Phoenix Children's will handle obtaining all pathology slides for internal review.
Please do not send at this time