

**Personalized Medicine (PM) @ LHSC**  
**Referral Form**  
**for Oncology Patients**



Stamp LHSC ID Card in This Box if Available

Date of referral: \_\_\_\_\_  
Patient Name: \_\_\_\_\_  
Patient Phone #: \_\_\_\_\_  
Health Card or PIN Number: \_\_\_\_\_  
Referring Physician: \_\_\_\_\_  
Referring Physician Contact Phone #: \_\_\_\_\_

**Reason for Referral:** (select all that apply)

- Capecitabine** and/or **5-FU**: (DPYD) or regimen if known \_\_\_\_\_
  - tentative chemo start date: \_\_\_\_\_
  - in < 1 week       ≤ 2 weeks       Other \_\_\_\_\_
  
- Tamoxifen** (CYP2D6 genotyping and/or endoxifen plasma level analysis)  
(Tamoxifen Start Date (if known): (month/day/year) \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_)

**Brief Relevant History:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Instruction:**

**FAX referral to Jody Murray at 519-663-3090.**  
**PM Clinic phone number is 519-685-8500 ext 34340**