

St. Michael Hospital
Division of Hematology Oncology
 Address:
 Phone:
 Fax:

HEMATOLOGY REFERRAL

Requesting Health Care Provider Name: Address: Phone Number: Fax Number: Billing Number:	Patient Information (as per OHIP card) Last Name: First, Middle Name: DOB: Sex: M <input type="radio"/> F <input type="radio"/> Address: Phone Number: HCN: Version: St. Michaels MRN (J#) (if applicable):
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Specific Provider (if applicable): _____
 (Note: if the case is outside the area of focus of your preferred provider, the referral will be re-directed)

Reason for referral: (provide as much detail as possible)

Most recent CBC Date: _____

Please attach all relevant laboratory results and imaging to the referral. (If not included, the referral may be declined)

Translator Required? _____

Refer to page 2 (reverse) for referral criteria.

Non-Malignant Hematologists (management on non-clonal hematological disorders)	Malignant Hematologists (management of lymphoid and myeloid malignancies)
Dr. Jillian Baker (pediatric hematology and adolescent/young adult)	Dr. Lisa Hicks
Dr. Katerina Pavenski (transfusion medicine, thrombotic microangiopathies (TTP/HUS/TMA))	Dr. Martina Trinkaus
Dr. Natasha Rupani (general hematology with focus on thrombosis and thrombotic microangiopathies) (TTP/HUS/TMA)	Dr. Stephanie Lee
Dr. Michael Scott (general hematology with focus on immune cytopenias, disorders of iron)	
Dr. Michelle Sholzberg (general hematology with focus on hemostasis, immune cytopenias)	
Dr. Jerry Teitel (general hematology with focus on hemostasis)	
Dr. Eric Tseng (general hematology with focus on thrombosis)	
Dr. Ronald Yan (general hematology)	

Please note:

- If the patient's postal code falls outside the SMH catchment area (doesn't start with "M"), the referral may be declined unless they are referred by an SMH primary care or SMH specialist care provider.
- There are occasions where referrals will be accepted (e.g. bleeding disorders).
- Second opinions may be considered if coming from MD currently providing specialist care or unique circumstances (e.g. to access clinical trials, highly specialized care).
- These results should be persistent: on at least 2 CBC and recent (within 6 months).
- Table refers to isolated CBC findings, not applicable if multiple abnormalities (e.g., ANC > 1.5 with high MCV) or if there are worrisome symptoms (e.g., recurrent bacterial infections with low ANC, constitutional symptoms).
- Criteria may NOT apply to pregnant patients or perioperative patients delivering or undergoing surgery at St. Michael's Hospital.

Hematologic Issue	Priority given to
Isolated neutropenia	ANC \leq 1.0 on two or more readings in a patient of African descent (recurrent bacteria infections)
Isolated neutrophilia with no left shift	ANC \geq 15.0
Isolated thrombocytopenia	Platelets \leq 100
Macrocytosis and normal CBC	MCV \geq 110
Anemia NYD	Hb \leq 110
Iron deficiency anemia	Hemoglobin <100 g/L Ferritin <30 or <100 with Tsat <20%
Iron deficiency	Severe symptomatic deficiency unresponsive to oral iron
Lymphocytosis	Absolute Lymphocyte Count \geq 5.0 on two or more readings
Lymphopenia	Absolute Lymphocyte Count \leq 0.5 on two or more readings
Marrow infiltration on MRI	Concomitant abnormal CBC History of solid tumour malignancy or hematologic disorder
Eosinophilia	Eosinophils \geq 1.0 (accompanying adenopathy or cytopenias)
High ferritin	If no TSAT provided: Ferritin > 500 If TSAT > 45%: Ferritin > 200
High IgG, IgA, or IgM	Monoclonal (not polyclonal) protein on SPEP or abnormal serum free light chains
Erythrocytosis	Hematocrit >0.50 in a non-smoker, or with elevated WBC/platelets
Splenomegaly	In the absence of portal hypertension
Lymphadenopathy	Multiple nodal areas and/or abnormal CBC
Thrombocytosis	Platelets >500 in the absence of iron deficiency or active inflammatory disease
Thrombosis	Documented venous or arterial thrombosis; strong family history of thromboembolism
Bleeding/bruising	Strong personal or family history, and/or abnormal coagulation lab results (PTT, INR, other tests)