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INITIO
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DIAGNOSTICS · THERAPEUTICS · CLINICAL RESEARCH

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REQUEST FOR 177-Lu PSMA THERAPY FOR METASTATIC CASTRATION RESISTANT PROSTATIC CARCINOMA

• Patient Information •

Name		Date of Birth	/ / DD MMM YYYY
Address		Care Card (PHN)	
City		E-mail	
Postal/Zip Code		Sex Male Female	
Phone Number		Weight lbs/kg	Height: ft'in/cm

1. Confirmed diagnosis of mCRPC
2. Patient tumor PSMA-positivity has been verified on Ga-PSMA PET/CT
3. Patient has received at least one ARPI **and one** taxane-based chemotherapy

• Additional Patient Information Required (Please attach latest lab reports) •

CBC with differential: Attach Recent Report BUN: ________ Creatinine: ________

Estimated GFR: ________ AST: ________ ALT: ________

ALP: ________ Albumin: ________ Total Bilirubin: ________

PSA: ________

• Relevant Diagnostic Imaging (Please attach reports of imaging) •

Previous Ga-68 PSMA Scan Required	▯ Images and Report Attached	Other Medical Imaging	▯ Yes ▯ No
Date of Scan		Type (MRI, bone scan, CT, etc)	
Hospital/Clinic		Hospital/Clinic	

• Referring Physician Information •

Name		Phone Number	
MSP #		Fax Number	

By signing below, I accept patient monitoring of post-radionuclide therapy, PSA, CBC, renal and hepatic function;

Signature		Date	

• Please fax completed form to 604.678.9279 or e-mail to info@initiomedical.ca •

For Financial Assistance Questions and Information please direct the patient to contact our office directly at *604-678-9274 or by emailing lu177@initiomedical.ca*