

**HEALTH NET
TRANSPLANTATION REQUEST
BMT/PBSCT**

Patient: _____ Age: _____ Date: _____

Member #: _____

Transplant Type

Autologous: _____ Allogenic: _____

HLA Related: _____ Antigen Match: /6
HLA Unrelated: _____ Antigen Match: /6

Stem Cell Source

Stem Cell: _____

Blood: _____

Umbilical Cord: _____

Disease Type: _____

Transplant Center Attending Physician: _____

Phone: _____

Fax: _____

Form Completed By: _____

Title: _____

Phone: _____

Fax: _____

TRANSPLANT CENTER ATTENDING PHYSICIAN ATTESTATION

The responses in this document have been reviewed and are accurate.

Signature

Date

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PATIENT CLINICAL PROFILE

CLINICAL HISTORY

Date of Diagnosis: _____

Disease Stage at Diagnosis: _____

How Documented: _____

High Risk Factors:

Initial Treatment Modalities:

Radiation: No: _____ Yes: _____ Date: _____

Clinical Response: _____

How Documented: _____

Chemotherapy: No: _____ Yes: _____ Date: _____

Agents: _____

Clinical Response: _____

How Documented: _____

Other: _____ Date: _____

Clinical Response: _____

How Documented: _____

Date of Documented Relapse: _____

Disease Stage at Relapse: _____

Follow-up Treatment Modalities: _____

Type: _____

Clinical Response: _____

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How Documented: _____

Present Disease Stage: _____

Date of Recent Stem Cell Bx: _____

Results of Bx: _____

OTHER MEDICAL FACTORS

Does the patient have?

	<u>YES</u>	<u>NO</u>	<u>DOCUMENTATION</u>
Cardiac Dysfunction	_____	_____	_____
Renal Dysfunction	_____	_____	_____
Liver Dysfunction	_____	_____	_____
Pulmonary Dysfunction	_____	_____	_____
Active Infection	_____	_____	_____
Diabetes	_____	_____	_____
Prior History of Malignancy	_____	_____	_____
Active Peptic Ulcer Disease	_____	_____	_____

LAB TESTS

Hepatitis B

Antigen Positive: _____ Negative: _____

Antibody Positive: _____ Negative: _____

Hepatitis C

Antigen Positive: _____ Negative: _____

Antibody Positive: _____ Negative: _____

HIV

Positive _____ Negative: _____

AIDS? Yes _____

 No _____

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Psychosocial background, including history of alcohol or drug abuse:

Other Comments:
