

Medical Records Release Form



PEOPLE
AGAINST
CANCER

604 East Street • P.O. Box 10 • Otho, Iowa 50569
Phone: 515-972-4444 • Fax: 515-972-4415
info@PeopleAgainstCancer.com • www.PeopleAgainstCancer.com

Dear Sir or Madam:

Your patient has requested entry into the Alternative Therapy Program of People Against Cancer. This program provides consultations with physicians and researchers worldwide. In order to facilitate entry, we require certain basic information so that a full and thorough evaluation may be made for our ongoing research program.

Please provide us directly or through your patient the following:

- 1** Copies of **written** reports:
- a. Surgical reports
 - b. Pathology reports
 - c. X-ray reports
 - d. Scan reports
 - e. Hematology studies
 - f. Other
- 2** Copies of case records to include:
- a. Diagnosis
 - b. Location of primary tumor
 - c. Location of metastases
 - d. Staging
 - e. Treatment procedures
 - f. Chemotherapy
 - g. Radiation
 - h. Surgery
 - i. Other treatments
- 3** Complete Blood Count (CBC with differential, platelets) current—taken within 14 days
- 4** Comprehensive Metabolic Panel (CMP) or Extensive Blood Chemistry. *See checklist in box at right. These tests must be taken within the last 14 days.*

Follow-up studies are imperative for evaluating patient progress and therapy. Please provide us with your evaluations and copies of the reports of all future studies.

If you have any questions, please call one of the volunteers at People Against Cancer between 10:00 a.m. and 5:00 p.m. Central Standard Time (CST) (-7 hrs. GMT) at 515-972-4444.

Please

- Mail records (U.S. mail only) to P.O. Box 10, Otho, IA 50569, **OR**
 FedEx, UPS, Airborne, etc., records to 604 East Street, Otho, IA 50569, **OR**
 Fax records to People Against Cancer at 515-972-4415 (auto answer 24 hours).

AUTHORIZATION TO RELEASE MEDICAL RECORDS

To: _____

I request that a complete case report of my illness, including all requisite medical and laboratory reports be prepared and be provided to People Against Cancer. Furthermore, we hereby grant permission to access future medical records for research purposes.

Patient or Guardian Signature

Date

REMINDER:

- Please make copies of this form for records which may reside in several locations.
- **IMPORTANT: This form should be signed and sent by the person with cancer to their physician(s) to obtain all of their medical records.**
- **These records should then be sent, by the person with cancer or their physician, to People Against Cancer with a copy of this signed Medical Records Release Form.**

Copy to Physicians

Copy to People Against Cancer

Medical Records Release Form Checklist

Please make copies of this form for records which may reside in several locations.

IMPORTANT: This form should be signed and sent by the person with cancer to their physician(s) to obtain all of their medical records.

These records should then be sent, by the person with cancer or their physician, to People Against Cancer with a copy of this signed Medical Records Release Form.

People Against Cancer Required Blood Tests Checklist

Complete Blood Count with Differential (CBC w/diff)

Comprehensive Metabolic Panel with Liver and Lipid Panels (CMP w/liver and lipids) to include all or most of the following tests:

- Albumin
- Alkaline Phosphatase
- Amylase
- Direct Bilirubin
- Total Bilirubin
- BUN (Blood Urea Nitrogen)
- Carbon Dioxide
- Calcium
- Chloride
- Cholesterol
- Creatinine
- GGTP
- Globulin
- Glucose
- HDL
- Iron
- Phosphorus
- Potassium
- Total Protein
- SGOT
- SGPT
- Sodium
- T-4
- Triglycerides
- Uric Acid
- EOS
- HCT (Hematocrit)
- HGB (Hemoglobin)
- Lymphs
- MCH
- MCHC
- MCV
- Monocytes
- Plates
- Polys
- RBC (Red Blood Count)
- WBC (White Blood Count)

Important but optional: Coagulation Panel to include: PTT (Partial Thromboplastin Time); PT (Pro-Time); INR (International Normalized Ratio); and Fibrinogen

Important but optional: Tumor Markers (i.e., CA-27.29, PSA, CEA)