

**OHSU Knight Cancer Institute & Providence Cancer Center
Virtual Melanoma Tumor Board Case Submission Form**

Attention: OHSU Melanoma Tumor Board Coordinator (Pam Russell) / Fax #: 503-494-1211

PRESENTING CLINICIAN INFORMATION

Clinician's Name: _____

Clinician's Patient Coordinator (if applicable): _____

Direct Phone #: _____

Fax #: _____

CASE INFORMATION

Patient Name: _____ Date of Birth: _____

OHSU MR# (if available): _____ AJCC Stage: _____

Diagnosis: _____

What is the Reason for Tumor Board Presentation (check one or several of the following choices)?

I want to discuss treatment options

I want to discuss diagnosis

Other (please write in):

Will you be sending radiographic images to discuss (check one of the following choices)?

Yes – I will upload the images into the OHSU Impax system and I do not need assistance

Yes – I will need assistance uploading the images into the OHSU Impax system, please contact me

No – No pertinent information to review

No – I will present the radiographic images from my desktop virtually

Will you be sending pathology slides to discuss (check one of the following choices)?

Yes – I will send them to the address listed below

No – No pertinent information to review

No – I will present the pathologic images from my desktop virtually

PATHOLOGY SLIDES

If Pathology slides are to be sent for Tumor Board review, clinicians need to have the slides and the pathology report(s) sent to:

OHSU-DERMPATH

Mail code: CH 5D

3303 SW Bond Ave

Portland, OR 97239

On the pathology report, write the Presenting Clinician's name and the following statement:

"For melanoma tumor board review/presentation, not for official consultation"

CLINICIAN ACKNOWLEDGEMENT

I acknowledge that I have obtained the necessary consent from my patient to discuss their pertinent information with this Tumor Board. Furthermore, I acknowledge that the recommendations made by the tumor board are recommendations given to me to consider in the care of my patient and that I take full responsibility for the management of my patient. The tumor board participants and participating institutions are not liable for any treatment decisions that I make for my patient.

Clinician's Signature

If you have any questions about submitting a case, please call the Tumor Board Coordinator (Pam Russell) at 503-494-5501. or email her at russelpa@ohsu.edu.

PLEASE FAX THIS FORM AND YOUR LAST CLINICAL NOTE AND THE PERTINENT REPORTS TO 503-494-1211.