

MEDICAL ELIGIBILITY

APPLICATION FORM (FIRST CONSULTATION)

(TO BE COMPLETED BY VETERINARY SURGEON AT PRIMARY CARE PRACTICE)

Please do not submit an application if the diagnosed cancer is on our list of cancer types not covered. In this case, please email admin@zeusandpj.org to let us know. **This application is for funding to cover an initial consultation with an oncologist, and minimum essential diagnostics to determine patient prognosis and treatment options. A separate application is required for funding to cover cancer treatment.**

Dogs with the following cancers will automatically be declined funding due to poor prognosis (the listed cancer types typically have median survival times [MST] < 12 months with treatment).

List of cancer types not covered

- | | |
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| <ul style="list-style-type: none">• Acute leukaemia (lymphoid, myeloid, erythroid)• Gastric carcinoma• Certain forms of histiocytic sarcoma<ul style="list-style-type: none">◦ Disseminated◦ Haemophagocytic• Pancreatic carcinoma• Prostatic carcinoma• Stage IV oral melanoma• Certain forms of haemangiosarcoma<ul style="list-style-type: none">◦ Stage II-III splenic haemangiosarcoma◦ Cardiac haemangiosarcoma◦ <u>Sub</u>cutaneous haemangiosarcoma | <ul style="list-style-type: none">• Certain forms of osteosarcoma<ul style="list-style-type: none">◦ Stage III appendicular osteosarcoma (e.g. distant metastasis at time of diagnosis)◦ Extraskeletal osteosarcoma◦ Vertebral osteosarcoma• Certain forms of lymphoma<ul style="list-style-type: none">◦ Mediastinal lymphoma◦ High-grade/biologically aggressive cutaneous lymphoma◦ Gastrointestinal lymphoma◦ Large granular lymphocyte (LGL) lymphoma◦ Any relapsed lymphoma |
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Once completed, please return to: admin@zeusandpj.org



Section 1: Patient Information

1.1 - Dog's name *(Required)*

1.2 - Owner's name *(Required)*

1.3 - Signalment

Age *(Required)*

ENTER AGE (YEARS/MONTHS)

Weight *(Required)*

ENTER WEIGHT (KG)

Sex *(Required)*

- ☐ ME
☐ MN

- ☐ FE
☐ FN

Breed *(Required)*

1.4 - Is the dog in good condition? *(Required)*

- ☐ Yes
☐ No



Section 2: Primary Care Practice Information

2.1 - Veterinary practice *(Required)*

ENTER REFERRAL CLINIC NAME

2.2 - Contact detail: HOSPITAL/CLINIC ADDRESS *(Required)*

Street Address

House number

Country *(Required)*

E-mail address *(Required)*

City

Postcode

Telephone number *(Required)*

2.3 - Please name the referral hospital this case will be referred to, if funding is agreed *(Required)*

NAME OF REFERRAL HOSPITAL (WRITE 'UNKNOWN' IF NOT YET DECIDED)

Section 3: Clinical Information

3.1 - Cancer *(all sections MUST be completed)*

Diagnosis: *(Required)*

ENTER CANCER TYPE (E.G. MULTICENTRIC LYMPHOMA, SPLENIC HAEMANGIOSARCOMA...)

How was the cancer diagnosed *(Required)*

(E.G. FNA CYTOLOGY, HISTOPATHOLOGY, IMAGING...)

Date of diagnosis: *(Required)*

DD/MM/YYYY

Clinical signs: *(Required)*

BRIEFLY SUMMARIZE ANY CLINICAL SIGNS RELATED TO THE TUMOUR



Tumour location: *(Required)*

PLEASE ENTER THE TUMOUR LOCATION

Stage: *(Required)*

ENTER STAGE (IF NOT KNOW PLEASE ENTER 'UNKNOWN')

Metastasis: *(Required)*

☐ Yes

☐ No

IF METASTASIS, PLEASE DESCRIBE THE LOCATION AND EXTENT

Grade: *(Required)*

ENTER THE TUMOUR GRADE IF APPLICABLE (IF NOT KNOWN PLEASE ENTER 'UNKNOWN')

Confirm this is a first occurrence of this cancer (e.g. not recurrent or relapsed): *(Required)*

☐ Yes

☐ No



3.2 - Other information *(all sections MUST be completed)*

Prior and current treatment: *(Required)*

PLEASE BRIEFLY DETAIL ANY CANCER-SPECIFIC OR SUPPORTIVE TREATMENT BEING GIVEN

Ideal timeframe for referral: *(Required)*

PLEASE OUTLINE A TIMEFRAME WITHIN WHICH REFERRAL IS IDEALLY REQUIRED (PLEASE NOTE THIS IS NOT WITHIN OUR CONTROL)

As far as you are aware, is this dog receiving funding for investigation/treatment costs from any other sources? *(Required)*

☐ Yes

☐ No

IF YES, PLEASE OUTLINE



3.3 - Comorbidities

Does the dog have any significant comorbidities that are likely to have a poorer prognosis than the cancer? *(Required)*

- ☐ Yes
- ☐ No

IF YES, PLEASE DESCRIBE - PLEASE OUTLINE ANY SIGNIFICANT COMORBIDITIES AND TREATMENT/ASSOCIATED PROGNOSIS

3.4 - Other

PLEASE PROVIDE ANY OTHER RELEVANT INFORMATION/COMMENTS THAT WOULD BE USEFUL FOR THIS APPLICATION



Section 4: Supporting documents

Please tick to confirm the following files have been attached and included in the application (these MUST be included where available – failure to provide this information may delay the funding decision): *(Required)*

- ☐ Medical history
- ☐ Imaging report(s)
- ☐ Cytology report(s)
- ☐ Histopathology report(s)

NOTE: LEAVE BOXES BLANK IF INFORMATION UNAVAILABLE.

Name of veterinary surgeon completing application:

ENTER YOUR FULL NAME

DATE: DD/MM/YYYY