

**REFERRAL FORM FOR IMMEDIATE (PRE-PATHOLOGY)  
INTRAOPERATIVE RADIATION THERAPY**



Patient name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

NHI: \_\_\_\_\_ GP: \_\_\_\_\_

**The success of IORT is critically dependent on appropriate patient selection.  
The following eligibility and exclusion criteria are based on the TARGIT A trial.**

**ELIGIBILITY CRITERIA**

Please Tick – you must answer <b>Yes</b> to all of these:		
	Yes	No
1. Patients ≥ 45 years		
2. Maximum tumour size on imaging ≤ 3cm		
3. Grade 1 or 2		
4. Hormone receptor ER positive		
5. Clinically and on imaging node negative		

**EXCLUSION CRITERIA**

Please Tick – you must answer <b>No</b> to all of these:		
	Yes	No
1. Invasive Lobular Carcinoma		
2. Multifocal or Multicentric Disease on examination/mammogram/ultrasound or MRI Scan		
3. Lymphovascular Invasion		
4. Grade 3		
5. Bilateral Breast Cancer at the time of diagnosis		
6. Previous Ipsilateral Breast Cancer and or Irradiation		
7. BRCA Mutation		

**Please attach a copy of the following:**

- Mammogram     
  Ultrasound Report     
  MRI (not mandatory)     
  Histology Report (must have ER, PR and HER2 status)

Doctor's Name: \_\_\_\_\_

Address: \_\_\_\_\_

Mobile Number: \_\_\_\_\_ Signature: \_\_\_\_\_

Please send through to: **Focus Radiotherapy**  
 PO Box 31-415, Milford, Auckland 0741  
 F 09 410 8517 | E erica@focusradiotherapy.co.nz

**OFFICE USE ONLY**

MDM Date: \_\_\_\_\_  Approved       Not Approved

Signature: \_\_\_\_\_ Name and Designation: \_\_\_\_\_ Date: \_\_\_\_\_