

Proton Therapy Consultation Service Request Form

I. Patient Information

Name:

Sex:

Phone Number:

Address:

Date of Birth:

Health Card Number:

II. Referring Physician Information

Name:

Email:

Phone Number:

Fax:

Billing Number:

Province:

III. Clinical Information

Diagnosis:

Indication for RT:

RT Prescription:

IV. Imaging and RT Dataset

The following zipped items may be submitted to Protons@uhn.ca via a **secure file share tool of your choice**, or <https://fileshare.uhn.ca>. Instructions are on the last page.

- ☐ Planning or Diagnostic CT dataset with RTStructures: GTV, CTV, PTV and OARs
- ☐ Photon plan with RTdose and RTplan (recommended)
- ☐ Completed planning objectives sheet (recommended, see next page)

V. Planning Objectives Sheet (Recommended)

Edit fields below as appropriate.

Structure	Metric		Objective	Notes (Optional)
PTV_xxxx	D95	>	95%	
PTV_xxxx	Dmax	<	105%	
CTV_xxxx	D98	>	95%	
GTV	D99	>	95%	
SpinalCord	Dmax	<		

VI. UHN File Share Workflow

You may submit files via any secure file share tool of your choice.

If using <https://fileshare.uhn.ca> via Protons@uhn.ca:

1. Place all files in a common folder and zip files using 7-Zip, WinZip or WinRAR.
2. Upload files using the following link: <https://fileshare.uhn.ca>
3. Select "**Patient Information**" level file protection.
4. Document **both** the automatically-generated **Download Password** and the **Unzip Password** that you have created. (Note: there are **two passwords**).
5. Enter your email address. An email will be sent to this address containing a download link for your files.
6. Share the link with Protons@uhn.ca
7. Share the passwords via Protons2@uhn.ca