



Dear Patient, dear referring physician,

to ascertain if we can offer a proton therapy at the WPE, we require documents.

We can only accept the documents in **English or German Language**.

Clinician's reports:	<input type="checkbox"/> Clinician's reports in disease history (summary) <input type="checkbox"/> Initial clinician's reports <input type="checkbox"/> Staging (PSA if Prostate CA)/ Information on tumor stage
Tumorboard	<input type="checkbox"/> Statement of tumor of trial board, if available
Histology/ Pathology:	<input type="checkbox"/> All reports available incl. reference reports/ second opinion
Surgery reports:	<input type="checkbox"/> All surgery reports
Medical imaging in DICOM format on CD/ DVD:	<input type="checkbox"/> Initial & current MRIs and CTs <input type="checkbox"/> Plus pre-Op & post-OP MRIs and CTs <input type="checkbox"/> Plus all associated diagnostic reports <input type="checkbox"/> Reference reports/ second opinion

To plan a proton therapy at the WPE, we require further documents.

Blood results:	<input type="checkbox"/> Current lab. Results incl. creatinine (not older than 2 weeks) <input type="checkbox"/> Virology results <input type="checkbox"/> Microbiological smears (MRSA; MRGN; VRE)
Chemotherapy:	<input type="checkbox"/> Current chemotherapy flowsheet
CSF/ liquor puncture: If undertaken Head and brain tumors:	<input type="checkbox"/> Report <input type="checkbox"/> Lab. Result <input type="checkbox"/> Lab. Result endocrinology/ hypophysis (TSH, T3, T4, LH, FSH, Testosteron) <input type="checkbox"/> Current eye test <input type="checkbox"/> Current hearing test
Parent's/ Patient's consent documents:	<input type="checkbox"/> Chemotherapy <input type="checkbox"/> studies



Shunt	<input type="checkbox"/> Programmable yes: <input type="checkbox"/> no: <input type="checkbox"/> <input type="checkbox"/> Needs check after MRI yes: <input type="checkbox"/> no: <input type="checkbox"/>
Registered as a study patient:	yes: <input type="checkbox"/> no: <input type="checkbox"/> Study: _____ patient Study ID : _____
Personal data and insurance of the patient:	<input type="checkbox"/> Address national health insurance EU/ S2 <input type="checkbox"/> Address private health insurance <input type="checkbox"/> Non EU: the patient pays the costs privately <input type="checkbox"/> Patients full address, telephone number and e-mail address <input type="checkbox"/> Copy of the identity card <input type="checkbox"/> Copy of the health insurance card
Data of attending physician:	<input type="checkbox"/> Physicians full address, telephone number and e-mail address

If you have any questions or doubts, please do not hesitate to contact us at +49 201 – 723 6600.

The documents can be send to us as follows:

Postal address:

Westdeutsches Protonentherapiezentrum Essen (WPE),
z.Hd. Case Management
Am Muehlenbach 1
D - 45147 Essen
Germany

Information for the courier:

Sat. Navigation: Virchowstrasse 181, 45147 Essen (+50m further, WPE is the green coloured building at road junction).
Delivery between 8:00 and 18:00 at reception desk.

Via fax or e-mail:

Fax: +49 201 – 723 5254
Mail: wpe-cm@uk-essen.de

Via cloud server:

Please let us know if you would like us to send you a secure patient-related link to upload your documents.

Thank you for your assistance.
With kind regards,

WPE Case Management