

PCCB Charity Fund

Application form for the treatment funding program for international cancer patients with solidarity funds. Fields marked with * are required.

1. Patient information

Full name and surname(s)* _____

Date of birth* _____

2. Information concerning the patient's father, mother or legal guardian

Full name and surname _____

Full name and surname _____

Postal address: _____

Town* _____ Country of residence* _____

Prefix _____ Telephone number(s) _____ / _____ / _____

Fax _____ Email address* _____

Parents' occupation	Permanent	Temporary	Monthly salary (approximate)
Father:	<input type="checkbox"/>	<input type="checkbox"/>	_____
Mother:	<input type="checkbox"/>	<input type="checkbox"/>	_____

3. Patient's medical information

Disease diagnosed in your country (indicate an option from the list of pathologies specified in point 5)

Additional information*

Repos provided*

Medical reports Imaging Laboratory results
(X-ray, MRI, other) (Blood tests, others)

Pathology report Tumour sample Other

Are there any other tests to be submitted? Yes No

4. Hospital of origin

Name of the hospital of origin _____

Postal address _____

Town _____ Country _____

Prefix _____ Phone number* _____ Fax _____

Oncologist submitting the case (full name and surname(s))

Phone number* _____ Email address* _____

5. Cases that may be eligible in the program

- **Retinoblastoma**, ophthalmic intra-arterial chemotherapy.
- **Locoregional neuroblastoma (not metastatic) with favourable biology**, surgery at diagnosis or at the time of surgery following the initial phase of chemotherapy (rest of the management conducted by medical team in the patient's country).
- **Wilms' tumour (renal tumour)**, surgery at diagnosis or at the time of surgery following the initial phase of chemotherapy (rest of the management conducted by medical team in the patient's country, including chemoradiotherapy).
- **Hepatoblastoma (hepatic tumour)**, at diagnosis or at the time of surgery following the initial phase of chemotherapy (rest of the management conducted by medical team in the patient's country, including chemoradiotherapy).
- **Sarcomas (bone or soft tissue tumours)**, surgery following the initial phase of chemotherapy (rest of the management conducted by medical team in the patient's country, including chemoradiotherapy).
- **Hodgkin's lymphoma** upon diagnosis.
- **Diagnostic biopsy of brain and spinal cord tumours** that are not feasible in the country of origin (rest of the management conducted by medical team in the patient's country, including chemotherapy and radiotherapy).
- **Elective highly complex surgical procedures** (non-emergency), regardless of tumour location (rest of the management conducted by medical team in the patient's country, including chemoradiotherapy).

6. Cases that are excluded from this program

- Patients who are not included in the diagnoses mentioned in point 5.
- Patients who need hematopoietic stem cell transplantation as part of their treatment.
- Acute lymphoblastic or myeloblastic leukaemia.
- Non-Hodgkin's lymphoma.
- Any case which is in relapse / progression.
- Patients previously treated or evaluated by the Oncology Department at SJD Barcelona Children's Hospital.

Please send this request by email to the following address:

cancercharity@sjdhospitalbarcelona.org

Application submission date: _____