

Turtle Healing Band Clinic



Circulating Tumor Cell Questionnaire

(Questionnaire must be completed and included with the Requisition Form)

Patient's Name: _____

Date of Birth: _____

1. Is the patient suspected of having cancer? _____
 - a. If so, what type of cancer? _____
 - b. If so, when was cancer found? _____
2. Does the patient have an elevated EBV Early Antigen? _____
3. Does the patient have an elevated EBV DNA PCR by Quant? _____
4. Is a tumor marker being used for the patient? _____
5. If so, which one(s)?
 - a. _____
 - b. _____
 - c. _____
 - d. _____
6. Is the patient currently being treated for cancer or EBV? _____
7. If so, what type of treatment(s) has the patient received?
 - a. _____
 - b. _____
 - c. _____
 - d. _____
8. What medications is the patient taking?
 - a. _____
 - b. _____
 - c. _____
 - d. _____