肿瘤病例提交表

Oncology Case Submission Form

Radian Future

瑞原国际医疗

提交病例，进行初步评估协调

Submit your case for preliminary coordination

请填写本表并准备医学资料。瑞原国际医疗会先协助判断资料是否完整，并说明病例是否适合进入中国肿瘤专家评估、线上会诊或来华治疗协调流

Please complete this form and prepare medical records. Radian Future will first help assess whether the case may be suitable for Chinese oncology expert review, online

重要说明 Important note

提交病例不代表医院或医生一定接收，也不代表患者一定适合来华治疗。最终医学意见和治疗决定由具备资质的医生及医院作出。瑞原国际医疗不是医院，不提供医学诊断或治疗。

Submitting a case does not guarantee acceptance by any hospital or physician, nor does it mean the patient is suitable for treatment in China. Final medical opinions and treatment decisions are made by licensed physicians and hospitals. Radian Future is not a hospital and does not provide diagnosis or treatment.

填写与发送方式 How to complete and submit

1. 填写本PDF表格，并保存文件。
   1. Complete this PDF form and save the file.
2. 准备病理、影像报告、治疗记录及DICOM影像文件。
   2. Prepare pathology, imaging reports, treatment records, and DICOM imaging files.
3. 将填写后的PDF发送至 info@radianfuture.com。
   3. Email the completed PDF to info@radianfuture.com.
4. 单封邮件请控制在20MB以内。超过20MB的文件请使用安全云盘链接，不要直接作为附件发送。
   4. Keep each email under 20MB. For files over 20MB, use a secure cloud link instead of email attachments.
5. DICOM影像通常较大，建议提供云盘下载链接或医院影像下载链接。
   5. DICOM files are often large; please provide a cloud download link or hospital imaging link.

建议邮件主题：患者姓名 + 癌症诊断 + 病例评估

Suggested email subject: Patient Name + Cancer Diagnosis + Case Review

一、患者及联系人信息
1. Patient and Contact Information

患者姓名 *
Patient name *

出生日期 *
Date of birth *

性别
Gender

国籍
Nationality

居住国家/地区
Country/region of residence

所在城市
City

电子邮箱 *
Email *

电话 / WhatsApp / 微信 *
Phone / WhatsApp / WeChat *

首选沟通语言
Preferred language

家属或主要联系人姓名
Family/main contact name

与患者关系
Relationship to patient

联系人电话/邮箱
Contact phone/email

补充联系方式 Additional contact details

其他联系方式或备注
Other contact details or notes

二、诊断与当前状况
2. Diagnosis and Current Status

癌症诊断 *
Cancer diagnosis *

确诊日期
Date of diagnosis

肿瘤部位
Tumor location

癌症分期（如已知）
Cancer stage (if known)

是否存在转移
Metastasis: Yes / No / Unknown

转移部位（如有）
Metastatic sites, if any

当前主要症状
Current main symptoms

当前身体状况 / 活动能力
Current physical condition / performance status

当前主治医院
Current treating hospital

当前主治医生
Current treating physician

是否接受过手术？请说明时间、手术名称、医院
Surgery? Please provide date, procedure, and hospital

是否接受过化疗？请说明方案和周期
Chemotherapy? Please provide regimen and cycles

是否接受过免疫治疗？请说明药物名称和时间
Immunotherapy? Please provide drug name and dates

是否接受过靶向治疗？请说明药物名称和时间
Targeted therapy? Please provide drug name and dates

是否接受过内分泌治疗？请说明药物名称和时间
Endocrine/hormone therapy? Please provide drug name and dates

是否接受过放疗？请说明部位、剂量、次数和时间
Radiation therapy? Please provide site, dose, fractions, and dates

当前正在接受的治疗
Current treatment

当前用药清单
Current medications

请选择您希望了解或协调的事项（可多选）：
Please select what you would like help with (multiple selections allowed):

- ☐ 肿瘤第二诊疗意见 / 专家会诊协调
  Oncology second opinion / expert consultation coordination
- ☐ 放射肿瘤治疗 / 再放疗评估
  Radiation oncology / re-irradiation review
- ☐ 影像或病理复核
  Imaging or pathology review
- ☐ 来华治疗协调
  Treatment coordination in China
- ☐ 其他
  Other
- ☐ 质子或重离子治疗适应症评估
  Proton or heavy-ion suitability review
- ☐ 肿瘤外科评估
  Surgical oncology review
- ☐ 中国医院或专家路径建议
  China hospital or specialist pathway recommendation
- ☐ 费用预估及行程安排
  Cost estimate and travel planning

家属希望专家重点回答的问题 *
Key questions for the expert team *

其他重要说明（如治疗目标、顾虑、时间压力、家庭情况）
Other important notes (goals, concerns, timing, family situation)

是否已有来华计划？ Do you already plan to travel to China?

- ☐ 暂无计划，希望先做病例评估
  No plan yet; case review first
- ☐ 如专家认为有意义，可考虑来华
  May consider travel if expert review supports it
- ☐ 已经计划来华，希望协调医院和专家
  Already planning to travel; need hospital/expert coordination
- ☐ 患者目前已在中国
  Patient is already in China

支付方式 Payment method

- ☐ 自费 / 家庭支付
  Self-pay / family-funded
- ☐ 保险支付或报销（如有）
  Insurance payment or reimbursement, if any
- ☐ 雇主 / 使领馆 / 第三方支付方
  Employer / embassy / third-party payer
- ☐ 暂不确定
  Not sure yet

预计来华时间、停留时间或其他安排
Expected travel timing, length of stay, or other arrangements

六、医学资料清单
6. Medical Record Checklist

请勾选已有资料，并在邮件中附上文件或提供云盘链接。资料越完整，专家越容易判断是否值得进一步评估。
Please check available records and attach files or provide cloud links. More complete records make review more meaningful.

- ☐ 病理报告 Pathology report
- ☐ 活检报告 Biopsy report
- ☐ 手术记录 Surgery records
- ☐ 出院小结 Discharge summaries
- ☐ 化疗记录 Chemotherapy records
- ☐ 免疫治疗记录 Immunotherapy records
- ☐ 靶向治疗记录 Targeted therapy records
- ☐ 内分泌治疗记录 Endocrine/hormone therapy records
- ☐ 放疗记录 Radiation therapy records
- ☐ 既往放疗剂量计划 Prior radiation dose plan
- ☐ 基因检测报告 Genetic testing reports
- ☐ 近期血液检查 Recent blood tests
- ☐ 当前用药清单 Current medication list
- ☐ CT 报告 CT reports
- ☐ MRI 报告 MRI reports
- ☐ PET-CT 报告 PET-CT reports
- ☐ 骨扫描或其他影像检查 Bone scan or other imaging
- ☐ DICOM 原始影像文件 Original DICOM imaging files
- ☐ 影像光盘或云端下载链接 Imaging CD or cloud link
- ☐ 医生转诊信或病情摘要（如有） Physician letter/medical summary, if available

云盘链接 / 医院影像下载链接
Cloud link / hospital imaging download link

发送资料说明 How to send documents

请将填写后的PDF发送至 info@radianfuture.com。单封邮件请控制在20MB以内。超过20MB的文件（尤其是DICOM影像）请使用安全云盘链接或医院下载链接，不要直接作为附件发送。

Please email the completed PDF to info@radianfuture.com. Keep each email under 20MB. For files over 20MB, especially DICOM imaging, use a secure cloud link or hospital download link instead of sending attachments.

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Suggested email subject: Patient Name + Cancer Diagnosis + Case Review

Email: info@radianfuture.com

同意声明 Consent statement

☐ 我理解瑞原国际医疗不是医院，不提供医学诊断或治疗。瑞原的角色是协助病例资料整理、翻译协调、专家路径判断、医院沟通及来华服务协调。
I understand that Radian Future is not a hospital and does not provide medical diagnosis or treatment. Radian Future assists with record organization, translation coordination, expert pa

☐ 我授权瑞原国际医疗在适用的隐私及同意要求下，使用我提交的信息和医学资料，用于病例整理、专家评估协调、医院沟通及相关服务安排。
I authorize Radian Future, subject to applicable privacy and consent requirements, to use the information and medical records I submit for case organization, expert review coordination,

☐ 我理解提交病例不代表医院或医生一定接收，也不代表患者一定适合来华治疗。
I understand that submitting a case does not guarantee acceptance by any hospital or physician, nor does it mean the patient is suitable for treatment in China.

签名 / 填表人姓名
Signature / name of person completing form

日期
Date