



Updated May 20, 2024

Maintrac Circulating Tumor Cell (CTC) Count - Testing Checklist and Consent

	YES	NO
I suspect I may have cancer or I have a diagnosis of pre-cancer or a diagnosis of cancer	☐	☐
I have leukemia or lymphoma or myeloma	☐	☐
I am going to start a new cancer therapy (need a pre-treatment test)	☐	☐
I am current receiving cancer therapy	☐	☐
I have completed a course of cancer therapy (need a post-treatment test)	☐	☐
I have cancer, but none is visible, I need to evaluate microscopic cancer	☐	☐
I have had surgery (any kind) within the last 2 weeks	☐	☐
I have an active auto-immune disease or inflammation in the body	☐	☐
I have had an infection (any kind) within the last 2 weeks	☐	☐
I have had a recent injury which is still healing	☐	☐
I have reviewed the Maintrac Patient Information handout and I understand and accept the pro and cons, I would like to receive the Maintrac test	☐	☐
I have a health practitioner who can draw my blood for the Maintrac test or I will come to the Medicor office for the blood draw	☐	☐

If you check any boxes with **this colour** then stop, you do not qualify for the Maintrac test at this time. Consult with your health practitioner to see if you may qualify in future.

Patient Name _____ Date of Birth _____

Patient Signature _____ Date Signed _____

Medicor Practitioner Signature _____ Date _____