

Date of referral: **Short date letter merged**

Name	Full Name	DOB	Date of Birth	NHS No	NHS Number
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**Attach this form to the e-referral within 24 hours**

If eRS not available, then send this [‘Service form’](#) **AND** [‘Referral Header Sheet’](#) by secure email to [tnu-tr.sarcomaadvice@nhs.net](mailto:tnu-tr.sarcomaadvice@nhs.net)

**For advice only** (using a secure email address) **please send to: [tnu-tr.sarcomaadvice@nhs.net](mailto:tnu-tr.sarcomaadvice@nhs.net)**  
**Faxes about patients with suspected abdominal or retroperitoneal sarcomas to be faxed to: 0191 2231191 within 24 hours**

For use by all teams including GPs referring patients with a suspected or confirmed bone or soft tissue tumour. Patients referred using this form will be seen within 2 weeks, but often much sooner.

- Patient has been informed that this is an urgent referral for suspected cancer
- The patient is available and willing to attend hospital for tests/appointment within 14 days
- The patient has been given the 2WW patient information leaflet

Hyperlinks to: [Referring criteria and contact number to discuss referral](#) [Service Information](#)  
[NICE GUIDANCE](#) [Patient info leaflet including easy read](#)

<b>Guidance</b>	<p><b>BONE PAIN</b> Patients with undiagnosed bony pain should receive an x-ray. If the x-ray is normal but pain persists, consider following up and repeating the x-ray, performing bone function tests or making a non-urgent referral.</p> <p><b>SOFT TISSUE MASS</b> Request an urgent USS to be performed and reported within 2 weeks for people with an unexplained lump increasing in size (note guidance for head and neck lumps – refer to head and neck clinic) Lumps are more suspicious of sarcoma if they are: &gt;5cm diameter, painful, increasing in size, deep to fascia, fixed.</p> <p><b>RECURRENCE</b> If there is a suspected recurrence of sarcoma following previous excision – please refer direct to 2WW sarcoma – <b>DO NOT WAIT FOR USS</b></p>	
	<p><b>SUSPECTED PRIMARY BONE TUMOUR</b> Specify Body Site: <input style="border: 1px dashed red; width: 50px; height: 20px;" type="text"/></p> <p>Suspicious X-ray showing: (please mark)</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Spontaneous Fracture</li> <li><input type="checkbox"/> Bone Destruction</li> <li><input type="checkbox"/> Soft Tissue Swelling</li> <li><input type="checkbox"/> New Bone Formation</li> <li><input type="checkbox"/> Periosteal Elevation</li> </ul> <p style="text-align: center;"><b><u>Please attach radiology results</u></b></p>	<p><b>SUSPECTED SOFT TISSUE SARCOMA</b> Specify Body Site: <input style="border: 1px dashed red; width: 50px; height: 20px;" type="text"/></p> <p>Suspicious USS indicating soft tissue sarcoma or uncertain results where clinical concern remains. Please indicate any additional significant features: <b><u>Please attach radiology results</u></b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> &gt;5cm in size</li> <li><input type="checkbox"/> Deep in Fascia</li> <li><input type="checkbox"/> Recurrence following excision</li> <li><input type="checkbox"/> Painful</li> <li><input type="checkbox"/> Increasing in size</li> <li><input type="checkbox"/> Fixed</li> <li><input type="checkbox"/> Other</li> </ul>
	<p><input type="checkbox"/> Suspected Soft Tissue Sarcomas at non limb/trunk sites including the abdomen or retroperitoneum</p>	
	<p><b>Do not refer HIV-associated Kaposi’s sarcoma with this form</b></p>	
	<p>Is there imaging available? <input type="checkbox"/> YES <input type="checkbox"/> NO</p>	<p>If yes, at which hospital and when was it done? <input style="border: 1px dashed red; width: 100px; height: 20px;" type="text"/></p>
<p>Is there histology available? <input type="checkbox"/> YES <input type="checkbox"/> NO</p>	<p>If yes, at which hospital and when was it done? <input style="border: 1px dashed red; width: 100px; height: 20px;" type="text"/></p>	

**Reason for Referral – Compulsory**


<b>Performance Status</b>	<input type="checkbox"/>	0	Fully active
	<input type="checkbox"/>	1	Cannot carry out heavy physical work
	<input type="checkbox"/>	2	Up and about more than half the day and can look after yourself
	<input type="checkbox"/>	3	In bed or sitting in a chair for more than half the day and need help in looking after yourself
	<input type="checkbox"/>	4	In bed or a chair all the time and need a lot of looking after

**Please indicate COVID 19 risk:**

<input type="checkbox"/>	<b>Standard</b>	No co-morbidities
<input type="checkbox"/>	<b>Vulnerable</b>	Co-morbidities/frailty
<input type="checkbox"/>	<b>Shielded</b>	In the shielded group because of high risk from COVID 19 infection

**Weight:** Single Code Entry: O/E - weight    Single Code Entry: O/E - weight    Single Code Entry: O/E - weight

**Blood results/investigations**

<b>LFTs</b>	<input type="checkbox"/> Requested Date: <input type="text"/>			
	<b>Result within last 3 months</b>		<b>Latest Result</b>	
Bilirubin	Single Code Entry: Serum bilirubin level	Single Code Entry: Serum bilirubin level	Single Code Entry: Serum bilirubin level	Single Code Entry: Serum bilirubin level
Alkaline Phos	Single Code Entry: Serum alkaline phosphatase	Single Code Entry: Serum alkaline phosphatase	Single Code Entry: Serum alkaline phosphatase	Single Code Entry: Serum alkaline phosphatase
ALT	Single Code Entry: Serum alanine aminotransferase level	Single Code Entry: Serum alanine aminotransferase level	Single Code Entry: Serum alanine aminotransferase level	Single Code Entry: Serum alanine aminotransferase level

<b>FBC/Ferritin</b>	<input type="checkbox"/> Requested Date: <input type="text"/>			
	<b>Result within last 3 months</b>		<b>Latest Result</b>	
Haemoglobin	Single Code Entry: Haemoglobin estimation	Single Code Entry: Haemoglobin estimation	Single Code Entry: Haemoglobin estimation	Single Code Entry: Haemoglobin estimation
White cell count	Single Code Entry: Total white cell count	Single Code Entry: Total white cell count	Single Code Entry: Total white cell count	Single Code Entry: Total white cell count
MCV	Single Code Entry: Mean corpuscular volume (MCV)	Single Code Entry: Mean corpuscular volume (MCV)	Single Code Entry: Mean corpuscular volume (MCV)	Single Code Entry: Mean corpuscular volume (MCV)
Platelets	Single Code Entry: Platelet count	Single Code Entry: Platelet count	Single Code Entry: Platelet count	Single Code Entry: Platelet count

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Ferritin	Single Code Entry: Serum ferritin	Single Code Entry: Serum ferritin	Single Code Entry: Serum ferritin	Single Code Entry: Serum ferritin
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<b>U&amp;Es</b>	<input type="checkbox"/> Requested Date: <input type="text"/>			
	<b>Result within last 3 months</b>		<b>Latest Result</b>	
Sodium	Single Code Entry: Serum sodium	Single Code Entry: Serum sodium	Single Code Entry: Serum sodium	Single Code Entry: Serum sodium
Potassium	Single Code Entry: Serum potassium	Single Code Entry: Serum potassium	Single Code Entry: Serum potassium	Single Code Entry: Serum potassium
Urea	Single Code Entry: Serum urea level	Single Code Entry: Serum urea level	Single Code Entry: Serum urea level	Single Code Entry: Serum urea level
Creatinine	Single Code Entry: Serum creatinine	Single Code Entry: Serum creatinine	Single Code Entry: Serum creatinine	Single Code Entry: Serum creatinine

eGFR result within 3 months  Requested Date: 

Single Code Entry: eGFR using creatinine (CKD-EPI) per 1.73 square metres...	Single Code Entry: eGFR	Single Code Entry: eGFR	Single Code Entry: eGFR using creatinine (CKD-EPI) per 1.73
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eGFR latest result

Single Code Entry: eGFR using creatinine (CKD-EPI) per 1.73 square metres...	Single Code Entry: eGFR	Single Code Entry: eGFR	Single Code Entry: eGFR using creatinine (CKD-EPI) per 1.73
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**Referrer details**

Name of Referrer:		Date of Referral:	<b>Short date letter merged</b>
<b>Referring Organisation</b> Organisation Name, Organisation Full Address (single line) Tel: Organisation Telephone Number Email: Organisation E-mail Address Fax: Organisation Fax Number		<b>GP details</b> Usual GP Full Name Usual GP Organisation Name, Usual GP Full Address (single line) Tel: Usual GP Phone Number Fax: Usual GP Fax Number	
Name of GP to address correspondence to, if different to accountable GP			

**Patient details**

Name:	<b>Full Name</b>	Address	<b>Home Full Address (stacked)</b>	
Gender:	<b>Gender(full)</b>			
DOB & Age:	<b>Date of Birth</b> Age: <b>Age</b>			
NHS Number:	<b>NHS Number</b>			
Patient Contacts:	Home:	<b>Patient Home Telephone</b>	Mobile:	<b>Patient Mobile Telephone</b>
	Work:	<b>Patient Work Telephone</b>	Email:	<b>Patient E-mail Address</b>
	<b>Carer/Advocate:</b> The patient has confirmed the following person should be included in correspondence – Name: <input type="text"/> Contact Details: <input type="text"/>			
Contact Consent:	<input type="checkbox"/> Can leave message on answer machine <input type="checkbox"/> Can contact by text <input type="checkbox"/> Can contact by Email		<b>NB: Not all services use Texts or Emails as a method of communication.</b>	
Ethnicity:	<b>Ethnic Origin</b>			
Interpreter:	<input type="checkbox"/> <b>Yes</b> Language: <b>Single Code Entry: Main spoken language</b> <input type="text"/>			
Accessibility Needs:	<input type="checkbox"/> Wheelchair access <input type="checkbox"/> Deaf <b>Single Code Entry: Deafness</b> <input type="checkbox"/> Registered Blind <b>Single Code Entry: Registered blind</b> <input type="checkbox"/> Learning Disability <b>Single Code Entry: On learning disability register</b> <b>Single Code Entry:</b> <input checked="" type="checkbox"/> <b>Specific developmental disorders of scholastic skills</b> <input type="checkbox"/> Other disability needing consideration <input type="text"/> <input type="checkbox"/> Accompanied by Carer			
Risks:	<input type="checkbox"/> Vulnerable Adult (detail below of any recording within last 3 years) <b>Single Code Entry: Vulnerable adult</b> <b>Single Code Entry: Adult no longer vulnerable</b> <b>Single Code Entry: Failed or difficult intubation</b> Any other known risks: <input type="text"/>			
Other:	<b>Single Code Entry: Military veteran</b> <b>Single Code Entry: Left military service</b> <b>Single Code Entry: History relating to military service</b> <b>Single Code Entry: Occupation history</b> <b>Single Code Entry: Has a carer</b> <b>Single Code Entry: Is no longer a carer</b> <b>Single Code Entry: Is a carer</b> <b>Single Code Entry: Carer</b>			

**Patient accessible information**

Communication support: Uses a legal advocate...

Professional required: Interpreter needed - British Sign Language...

Contact method: Requires contact by telephone...

Information format: Requires information verbally...

[If you have any problem with this form or suggested changes, please control & click here to open direct email.](#) **(NB: NOT TO BE USED FOR REFERRING A PATIENT)** 2WW NCA Sarcoma Referral Form – EMIS Web V4 Gateshead April 2018

**To be completed by the Data Team** (Insert Dates)

Received: / / First Appointment booked: / /

First Appointment date: / / 1<sup>st</sup> seen: / /Specify reason if not seen on 1<sup>st</sup> appointment:Diagnosis: Malignant  Benign