

**Suspected Cancer in Adults
SERIOUS NON-SPECIFIC SYMPTOMS
SNSS (2WW)**

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 the ERS not available, then send [this form](#) AND 'Referral header sheet' by secure email

- Patient has been informed that this is an urgent referral for suspected cancer
- The patient is available and willing to attend face to face or telephone clinic within 7 days and hospital for tests/appointment within 14 days
- The patient has been given the 2WW patient information leaflet

Hyperlinks to: [NICE GUIDANCE](#) [Patient info leaflet including easy read](#)

****NOTE TO REFERRER:**

Pre-referral criteria apply to this pathway. Failure to provide this information can lead to delay or inappropriate investigation/referral. Missing information will trigger a request for more information from the practice and may incur delay for your patient. **

- Please tell your patient they may go direct to diagnostic tests e.g., CT scan/endoscopy procedure

Yes	No	N/A	Mandatory check list
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	FIT numerical result has been included with the referral (this is mandatory where the pathway specifies FIT required) FIT +tive patients should be referred on Lower GI 2ww referral
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Previously investigated? Has this person been investigated for the SAME symptoms in the last 3 years for endoscopy procedures and 5 years for CT/MRI imaging? - Advice and guidance route should be used if there is concern
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Is the patient happy for straight to test investigation (may include endoscopy, radiology, capsule colonoscopy or cytosponge)?

Patient Fitness: Information essential to arrange direct to test investigations in secondary care

NB: If patient wanting sedation, they must be able to organise escort home and observation overnight

Appropriateness Confirm advice and guidance from secondary care	
<input type="checkbox"/>	No reduction in life expectancy. Referral in patient's best interest Referral appropriate without additional discussion (Fully complete this form only)
<input type="checkbox"/>	Significantly reduced life expectancy: GSF A (blue) – Year plus prognosis Referrer confirms agreed appropriate referral following advice and guidance or specialist advice
<input type="checkbox"/>	Very significantly reduced life expectancy: GSF B,C,D Months/ weeks / days prognosis Investigations may not be in best interest of the patient. Referrer confirms agreed appropriate referral following advice and guidance or specialist advice

Consent	
<input type="checkbox"/>	No Problems anticipated
<input type="checkbox"/>	There may be a problem with consent e.g., significant dementia or learning disability Include details in referral narrative clinical assessment may be needed before investigations
Disability	
<input type="checkbox"/>	No difficulty coping with investigation anticipated. No cognitive impairment/behavioural issues that would make it difficult to manage the investigations Straight to test investigations will be considered (expected to be able to deal with bowel prep + changing position on couch by self)
<input type="checkbox"/>	There may be difficulties coping with investigations due to physical or mental disability Clinic first may be offered. Include details in referral narrative including known adjustments.

INDICATION FOR REFERRAL

GP referral criteria:

REASON FOR REFERRAL INTO THE RDS

There must be a concern about cancer (“is cancer a likely explanation of the patient’s symptoms”)

Patient must be aged 40 years and over (for patients under 40 you can request advice and guidance) and present with at least one of the following:

- New** unexplained and unintentional weight loss (either documented >5% in three months or with strong clinical suspicion)
- New** unexplained and significant constitutional symptoms of four weeks or more (less if very significant concern) Symptoms **MUST** be new and **MUST NOT** be chronic/longstanding. Can include loss of appetite, fatigue, nausea, malaise, bloating
- New** unexplained severe and persistent abdominal pain of four weeks or more (can be less if very significant concern)
- New** unexplained, unexpected, or progressive pain, including bone pain, of four weeks or more
- GP ‘gut feeling’ of cancer diagnosis - reasons to be clearly described at referral

EXCLUSION CRITERIA

Please confirm ALL of the following by ticking the boxes:

- Patient does NOT have specific alarm symptoms warranting referral onto site-specific two week wait pathway (in line with NG12)
- Patient is WELL enough to attend an outpatient clinic and does not need acute admission
- Patient is NOT more likely to have a non-cancer diagnosis suitable for another specialist pathway
- Patient is NOT currently being investigated for the same problem by another specialist team
- Patient does NOT have a definite or almost definite diagnosis of metastatic disease. Patients with pre-existing evidence of a primary of unknown origin (e.g., biopsy, imaging, or examination) should be referred to the Malignancy of Unknown Origin (MUO) service rather than the RDS

Reason for Referral – Compulsory

If in doubt about the indication for referral, or, to discuss any tests that may be required in parallel to this referral, please request advice and guidance via ERS

Date of first presentation of symptoms:	<input type="text"/>
Number of consultations prior to referral:	<input type="text"/>
Cancer diagnosis in previous 5 years:	<input type="text"/> If recurrence is suspected, refer back to appropriate specialist team involved with the diagnosis and treatment

Clinical information: This is essential to safe and effective care of your patient

PREVIOUS INVESTIGATION RESULTS in last 5 years: Colonoscopy...

Recent CT scan:	<input type="checkbox"/> YES	<input type="checkbox"/> No	<input type="checkbox"/> Requested, If Yes, DATE: <input type="text"/>
Previous Endoscopy:	<input type="checkbox"/> YES	<input type="checkbox"/> No	If Yes, date of test: <input type="text"/>

Please indicate COVID 19 risk:

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

Values and Social Context

	Latest result	Date
Blood pressure	Single Code Entry: O/E - blood pressure reading	Single Code Entry: O/E - blood pressure reading
Pulse rate	Single Code Entry: Pulse rate	Single Code Entry: Pulse rate
Height	Single Code Entry: Standing height	Single Code Entry: Standing height
Weight (last 3)	Weight	Weight
BMI	Single Code Entry: Body mass index	Single Code Entry: Body mass index
Smoking status	Single Code Entry: Current smoker...	Single Code Entry: Current smoker...
Alcohol status	Single Code Entry: Alcohol consumption	Single Code Entry: Alcohol consumption

INVESTIGATIONS & FILTERS FUNCTION TESTS (PRE-REFERRAL BLOOD TESTS)

CORE MANDATORY INVESTIGATIONS AND TESTS FOR PATIENTS WITH SERIOUS NON-SPECIFIC SYMPTOMS

Blood Test Result in last TWO months – ESSENTIAL to triage patients (Incomplete information may delay appropriate care of your patient)

FBCs	Result within 2 months REQUIRED	Date
Haemoglobin	Single Code Entry: Haemoglobin estimation	Single Code Entry: Haemoglobin estimation
WCC	Single Code Entry: Total white cell count	Single Code Entry: Total white cell count
MCV	Single Code Entry: MCV - Mean corpuscular volume	Single Code Entry: MCV - Mean corpuscular volume
MCH	Single Code Entry: MCH - Mean corpuscular haemoglobin	Single Code Entry: MCH - Mean corpuscular haemoglobin
Platelets	Single Code Entry: Platelet count	Single Code Entry: Platelet count

U&Es & HbA1c	Result within 2 months REQUIRED	Date
Sodium	Single Code Entry: Serum sodium level	Single Code Entry: Serum sodium level
Potassium	Single Code Entry: Serum potassium level	Single Code Entry: Serum potassium level
Urea Level	Single Code Entry: Serum urea level	Single Code Entry: Serum urea level
Creatinine	Single Code Entry: Serum creatinine level	Single Code Entry: Serum creatinine level
HbA1c	Single Code Entry: Haemoglobin A1c level - International Federation of Clinical Chemistry and Laboratory Medicine standardised	Single Code Entry: Haemoglobin A1c level - International Federation of Clinical Chemistry and Laboratory Medicine standardised

LFTs	Result within 2 months REQUIRED	Date
Bilirubin/Total Bilirubin	Single Code Entry: Serum bilirubin level...	Single Code Entry: Serum bilirubin level...
Alkaline Phosphatase	Single Code Entry: Serum alkaline phosphatase level	Single Code Entry: Serum alkaline phosphatase level
ALT	Single Code Entry: Serum alanine aminotransferase level	Single Code Entry: Serum alanine aminotransferase level
AST	Single Code Entry: Serum aspartate aminotransferase level	Single Code Entry: Serum aspartate aminotransferase level
Gamma GT Level	Single Code Entry: GGT (gamma-glutamyl transferase) level	Single Code Entry: GGT (gamma-glutamyl transferase) level

Albumin	Single Code Entry: Serum albumin level...	Single Code Entry: Serum albumin level...
Total protein	Single Code Entry: Serum total protein	Single Code Entry: Serum total protein

Bone	Result within 2 months REQUIRED	Date
Ser adj calc conc	Single Code Entry: Serum adjusted calcium concentration	Single Code Entry: Serum adjusted calcium concentration
Serum inorganic phos level	Single Code Entry: Serum inorganic phosphate level	Single Code Entry: Serum adjusted calcium concentration

CRP and/or ESR	<input type="checkbox"/> Requested Date: <input type="text"/>	
	Result within 2 months REQUIRED	Date
Serum CRP	Single Code Entry: Serum CRP (C reactive protein) level	Single Code Entry: Serum CRP (C reactive protein) level
ESR	Single Code Entry: Erythrocyte sedimentation rate	Single Code Entry: Erythrocyte sedimentation rate

TFTs	Result within 2 months REQUIRED	Date
Serum TSH	Single Code Entry: Serum TSH (thyroid stimulating hormone) level	Single Code Entry: Serum TSH (thyroid stimulating hormone) level
Serum/plasma free T4	Single Code Entry: Serum free T4 level	Single Code Entry: Serum free T4 level

CA125 Women	Result within 2 months REQUIRED	Date
	Single Code Entry: CA 125 (cancer antigen 125) level	Single Code Entry: CA 125 (cancer antigen 125) level

PSA Men	Result within 2 months REQUIRED	Date
	Single Code Entry: PSA (prostate-specific antigen) level	Single Code Entry: PSA (prostate-specific antigen) level

Myeloma	Result within 2 months REQUIRED	Date
Serum Kappa Level	Single Code Entry: Serum kappa light chain level	Single Code Entry: Serum kappa light chain level
Serum Lamba level	Single Code Entry: Serum lambda light chain level	Single Code Entry: Serum lambda light chain level
Serum Kappa;lamba ratio	Single Code Entry: Serum kappa:lamba light chain ratio	Single Code Entry: Serum kappa:lamba light chain ratio
Serum protein electrophoresis	Single Code Entry: Serum protein electrophoresis	
Others	<input type="text"/>	

Urinalysis	Result within 2 months REQUIRED	Date
Dipstick Test	Blood present YES <input type="checkbox"/> NO <input type="checkbox"/>	<input type="text"/>
MSU	Single Code Entry: Urinalysis = no abnormality...	Single Code Entry: Urinalysis = no abnormality...

eGFR result within 2 months REQUIRED

Single Code Entry: eGFR (estimated glomerular	Single Code Entry: eGFR (estimated glomerular	Single Code Entry: eGFR (estimated glomerular	Single Code Entry: eGFR (estimated glomerular
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HIV p24 Antigen level	<input type="checkbox"/> Requested Date: <input type="text"/>	
	Result within 6 months REQUIRED	Date
	Single Code Entry: HIV (human	Single Code Entry: HIV (human

immunodeficiency virus) p24 antigen level	immunodeficiency virus) p24 antigen level
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ADDITIONAL MANDATORY TEST RELEVANT TO SYMPTOMS

Please indicate if any **relevant tests** are either available or have been requested

Coeliac Screen		Last result Consider within 6 months if anaemic
Coeliac screen		Single Code Entry: Autoantibody screening for coeliac disease negative...
Haematinics		Last result Consider within 6 months if anaemic
Ferritin		Single Code Entry: Ferritin level low...
Folate		Single Code Entry: Serum folate level...
B12		Single Code Entry: Serum vitamin B12 level
LDH		Last result Consider within 2 months if B Symptoms
LDH		Single Code Entry: Serum LDH - Lactate dehydrogenase level elevated...
Available	Requested	
<input type="checkbox"/>	<input type="checkbox"/>	FIT Test (Mandatory for Lower GI) Result in last 2 months: Single Code Entry: Quantitative faecal immunochemical test
<input type="checkbox"/>	<input type="checkbox"/>	CXR (Mandatory where lung cancer/lesion is the primary concern) Result in last 2 mths: Single Code Entry: Standard chest X-ray

Problems, Allergies, Acute / Repeat Medication

Problems

Allergies

Medication

Incomplete information may delay appropriate care for your patient

PLEASE COMPLETE THE REST OF THIS FORM

Referrer details

Name of referrer:	Referring User <input type="text"/>	Date of referral:	Short date letter merged
Referring Organisation		GP details	
Organisation Name , Organisation Full Address (single line) Tel: Organisation Telephone Number Email: Organisation E-mail Address Fax: Organisation Fax Number		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		<input type="text"/>	

Patient details

Name:	Full Name	Address:	Home Full Address (stacked)	
Gender:	Gender(full)			
DOB & Age:	Date of Birth Age: Age			
NHS number:	NHS Number			
Patient Contacts:	Home:	Patient Home Telephone	Mobile:	Patient Mobile Telephone
	Work:	Patient Work Telephone	Email:	Patient E-mail Address
	Carer/Advocate: 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		NB: Not all services use Texts or Emails as a method of communication.	

	<input type="checkbox"/> Can contact by Email	
Ethnicity:	Ethnic Origin	
Interpreter:	<input type="checkbox"/> Yes Language: Single Code Entry: Main spoken language English... <input type="text"/>	
Accessibility Needs:	<input type="checkbox"/> Wheelchair access <input type="checkbox"/> Deaf Single Code Entry: Partial deafness... <input type="checkbox"/> Registered Blind Single Code Entry: Registered blind <input type="checkbox"/> Learning Disability, Single Code Entry: On learning disability register Single Code Entry: Moderate learning disability... <input type="checkbox"/> Other disability needing consideration <input type="text"/> <input type="checkbox"/> Accompanied by Carer	
Risks:	<input type="checkbox"/> Vulnerable Adult (Details of any recording within last 3 yrs) Single Code Entry: Vulnerable adult Single Code Entry: No longer a vulnerable adult... Single Code Entry: Difficult intubation Other: <input type="text"/>	
Other:	Single Code Entry: Military veteran Single Code Entry: Left military service Single Code Entry: History relating to military service Single Code Entry: History relating to Army service... Single Code Entry: Has a carer Single Code Entry: Is no longer a carer Single Code Entry: Is a carer	

Accessible information

Communication support: Uses a legal advocate...

Contact method: Requires contact by telephone...

Information format: Requires information verbally...

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

[If you have any problem with this form or suggested changes, please contact & click here to open direct email.](#) **(NB: NOT TO BE USED FOR REFERRING A PATIENT)**

2WW Suspected Serious Non Specific Symptoms (SNSS) Referral Form EMIS Web v2 SNOMED CDRC April 2022

To be completed by the Data Team (Insert Dates)	
Received: / /	First Appointment booked: / /
First Appointment date: / /	1 st seen: / /
Specify reason if not seen on 1 st appointment:	
Diagnosis: Malignant <input type="checkbox"/>	Benign <input type="checkbox"/>