Suspected Cancer in Adults **COLORECTAL (2WW)**	NHS **Northern Cancer Alliance**

Date of referral **Short date letter merged**

Name:	**Full Name**	DOB:	**Date of Birth**	NHS No	**NHS Number**

Attach this form to the e-referral within 24 hours
If the ERS not available, then send <u>this form AND 'Referral header sheet'</u> by Secure Email

- ☐ 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: **NICE GUIDANCE**   **Patient info leaflet including easy read**

**<u>NOTE TO REFERRER:</u>

Rectal examination and recent weight should be included – abnormal findings will influence the tests offered.

All referrals should have a FIT test requested and the result included with the referral with the exceptions of abdominal, rectal, or anal mass or anal ulceration. **

Blood tests within 2 months of referral are required to arrange direct to test.

Failure to provide the blood test and FIT test result with the referral will trigger a request for more information from the practice and may incur delay to your patient.

Lower GI guidance Hyperlink

Please tell your patient they may be offered direct to test colonoscopy/CT colonoscopy.

Please check performance status/clinical judgement

Consent		
☐	No Problems anticipated	
☐	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		
☐	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)
☐	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.

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

Indicate here if the patient is unable or unwilling to complete a FIT test **Reason for missing FIT:** ☐	☐
FIT DECLINED: Single Code Entry: Provision of faecal immunochemical test kit declined	
N **Wait for FIT test result before the referral**	

FIT result: Single Code Entry: Quantitative faecal immunochemical test

All Ages

☐ Abdominal, rectal, anal mass/ulceration

☐ **FIT positive include symptoms in clinical narrative**

☐ **FIT negative AND any of:**

        ☐ Age >40 Unexplained weight loss **with** abdominal pain
        (CHECK Ca125 in women)
        Use 'Serious non-specific symptoms' pathway if no abdominal symptoms and SNSS pathway is available

        ☐ previously un-investigated Iron deficiency anaemia
        NCA Pathway Early diagnosis supporting Primary Care
        =men and non-menstruating women only; proven low Hb (local lab values) & either low ferritin or low MCV or MCH). IDA is often a chronic condition and does not require re-investigation simply because IDA recurs. Re-referral (via A&G or to IDA clinic is usually necessary if Hb does not normalise with iron therapy

        ☐ Specific clinical concern of colorectal cancer. Include details in the reason
        for referral below.

Offer qFIT to people including those with rectal bleeding:
- >40y with unexplained LGI symptoms
- <40y if clinical suspicion of LGI cancer

Unexplained raised platelets >450 on 2 occasions 6 weeks apart (see hyperlink above for more guidance)
For change in bowel habit consider stopping PPI/Metformin and reassess after 3 weeks before offering FIT

FIT<10mcgHb/g =CRC risk <1% if normal examination and no weight loss or IDA. Safety net in primary care refer to advice and guidance from the colorectal team for persistent or troublesome symptoms

**If in doubt about the referral route or you have a clinical concern,
please contact your preferred referral site to discuss with a member of the colorectal team.**

Reason for Referral – Compulsory
The clinical information is essential to the safe and appropriate care of your patient

Previous colonoscopy? ☐ YES   ☐ NO   if yes, date of test ⌐ ¬

Recording of colonoscopy in last 3 years: Colonoscopy abnormal...

WEIGHT: Single Code Entry: Body weight   Single Code Entry: Body weight   Single Code Entry: Body weight

Patient Fitness: Information essential to arrange direct to test investigation in secondary care
NB: If patient wanting sedation, they must be able to organise escort home and observation overnight

Description	Y	N	Description	Y	N

Anticoagulants including NOACS	☐	☐	Metformin	☐	☐
Antiplatelet e.g. Clopidogrel, Prasugrel	☐	☐	Insulin/Sulfonylureas	☐	☐

Cardiac:	☐ ☐	Poorly controlled Angina/MI **within 3 months** Prosthetic valve replacement, previous SBE or vascular graft **within one year**
Diabetes:	☐	

History of IHD, Diabetes and CKD

NB: Recording/s below only displays the latest recording for IHD, Diabetes, CKD – Full list is displayed in PMH

: IHD - Ischaemic heart disease...

Blood Test Result in the last TWO months - ESSENTIAL to triage patients direct to test

LFTs	☐ **Requested Date:**			
	Result within 2 months REQUIRED		**Latest Result**	
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 Phosphatase	Single Code Entry: Serum alkaline phosphatase level	Single Code Entry: Serum alkaline phosphatase level	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	Single Code Entry: Serum alanine aminotransferase level	Single Code Entry: Serum alanine aminotransferase level
Gamma GT Level	Single Code Entry: GGT (gamma-glutamyl transferase) level	Single Code Entry: GGT (gamma-glutamyl transferase) 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...	Single Code Entry: Serum albumin level...	Single Code Entry: Serum albumin level...

FBCs/ferritin	☐ **Requested Date:**			
	Result within 2 months REQUIRED		**Latest Result**	
Haemoglobin	Single Code Entry: Haemoglobin estimation	Single Code Entry: Haemoglobin estimation	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	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	Single Code Entry: MCV - Mean corpuscular volume	Single Code Entry: MCV - Mean corpuscular volume
Platelets	Single Code Entry: Platelet count	Single Code Entry: Platelet count	Single Code Entry: Platelet count	Single Code Entry: Platelet count
Ferritin	Single Code Entry: Serum ferritin level	Single Code Entry: Serum ferritin level	Single Code Entry: Serum ferritin level	Single Code Entry: Serum ferritin level

INR	☐ **Requested Date:**

	Result within 2 months REQUIRED		Latest Result	
INR	Single Code Entry: International normalised ratio	Single Code Entry: International normalised ratio	Single Code Entry: International normalised ratio	Single Code Entry: International normalised ratio

Serum CRP	☐ Requested Date:			
	Result within 2 months REQUIRED		Latest Result	
Serum CPR	Single Code Entry: Serum CRP (C reactive protein) level	Single Code Entry: Serum CRP (C reactive protein) level	Single Code Entry: Serum CRP (C reactive protein) level	Single Code Entry: Serum CRP (C reactive protein) level

U&Es	☐ Requested Date:			
	Result within 2 months REQUIRED		Latest Result	
Sodium	Single Code Entry: Serum sodium level	Single Code Entry: Serum sodium level	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	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	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	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	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

eGFR result within 2 months REQUIRED ☐ Requested Date:

Single Code Entry: eGFR (estimated glomerular	Single Code Entry: eGFR (estimated glomerular	Single Code Entry: eGFR (estimated glomerular	Single Code Entry: eGFR (estimated glomerular

eGFR latest result

Single Code Entry: eGFR (estimated glomerular	Single Code Entry: eGFR (estimated glomerular	Single Code Entry: eGFR (estimated glomerular	Single Code Entry: eGFR (estimated glomerular

Coeliac Latest results

tTG (IgA)	• Single Code Entry: Tissue transglutaminase IgA level	Single Code Entry: Tissue transglutaminase IgA level
EMA (IgA)	• Single Code Entry: Endomysial antibody IgA level	Single Code Entry: Endomysial antibody IgA level

<p align="center">Incomplete information may delay appropriate care for your patient</p>
<p align="center">PLEASE COMPLETE THE REST OF THIS FORM</p>

Referrer details

Name of referrer:	**Referring User**		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	

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: ☐ Contact Details: ☐			

Contact Consent:	☐ Can leave message on answer machine ☐ Can contact by text ☐ Can contact by Email	NB: Not all services use Texts or Emails as a method of communication.

Ethnicity:	**Ethnic Origin**

Interpreter:	☐ **Yes** Language: **Single Code Entry: Main spoken language English...** ☐

Accessibility Needs:	☐ Wheelchair access ☐ Deaf **Single Code Entry: Partial deafness...** ☐ Registered Blind **Single Code Entry: Registered blind** ☐ Learning Disability, **Single Code Entry: On learning disability register Single Code Entry: Moderate learning disability...** ☐ Other disability needing consideration ☐ ☐ Accompanied by Carer

Risks:	☐ 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: ☐

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 control & click here to open direct email. (NB: NOT TO BE USED FOR REFERRING A PATIENT)
NCA 2WW **LGI (colorectal)** Referral Form March 2023 EMIS Web SNOMED CDRC

To be completed by the Data Team (Insert Dates)
Received: /   /   **First Appointment booked:**   /   /
First Appointment date: /   /   **1ˢᵗ seen:**   /   /
Specify reason if not seen on 1ˢᵗ appointment:
Diagnosis: Malignant ☐   **Benign** ☐