

**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 is not available, then send this form to: [nonsitespecificreferrals@northumbria-healthcare.nhs.uk](mailto:nonsitespecificreferrals@northumbria-healthcare.nhs.uk).

- 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 \(NG12\)](#) [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. \*\*

- **Physical examination is mandatory (including rectal exam where indicated).**
- Your patient may be offered straight to test, clinic appointment, or no further investigation, depending on clinical assessment.
- **“Think Twice”** – have you considered whether the referral is in the patient’s best interest?
  - **Does the patient wish to be referred?**
  - **What is the referral seeking to achieve?**
  - **Is there likely to be an overall benefit from investigations?**
  - Where there is doubt, Advice and Guidance discussion with secondary care is recommended.

Referrals which do not meet the criteria for referral and without a clear indication of the clinical concern may result in a request to downgrade the referral.

<b>Guidance</b>	<p><b>INDICATION FOR REFERRAL INTO THE NON-SITE SPECIFIC PATHWAY (NSSS):</b></p> <p>There must be a <b>concern about cancer</b> i.e. “is cancer a likely explanation of the patient’s symptoms”  Patient must be <b>aged 40 years and over</b> (for patients under 40 you can request advice and guidance) and present with <b>at least one</b> of the following;</p> <p><b>Check ONE or more of the criteria below :</b></p> <p><input type="checkbox"/> <b>New unexplained and unintentional weight loss</b> (either documented &gt;5% in three months or with strong clinical suspicion);</p> <p><input type="checkbox"/> <b>New unexplained and significant constitutional symptoms of four weeks or more</b> (less if very significant concern) Symptoms MUST be new and MUST NOT be chronic/longstanding. Can include loss of appetite, fatigue, nausea, malaise, bloating;</p> <p><input type="checkbox"/> <b>New unexplained severe and persistent abdominal pain of four weeks or more</b> (can be less if very significant concern);</p> <p><input type="checkbox"/> <b>New unexplained, unexpected or progressive pain, including bone pain/back pain of four weeks or more;</b></p> <p><input type="checkbox"/> <b>GP ‘gut feeling’ of cancer diagnosis</b> - <u>reasons to be clearly described</u> at referral.</p> <p><b>ADDITIONAL CRITERIA:</b></p> <p><b>Please confirm ALL of the following by checking the boxes:</b></p> <p><input type="checkbox"/> Patient <b>does NOT</b> have <b>specific alarm symptoms</b> warranting referral onto site-specific two week wait pathway (in line with NG12);</p> <p><input type="checkbox"/> Patient is <b>WELL enough to attend an outpatient</b> clinic and does not need acute admission;</p> <p><input type="checkbox"/> Patient is <b>NOT</b> more likely to have a non-cancer diagnosis <b>suitable for another specialist pathway;</b></p> <p><input type="checkbox"/> Patient is <b>NOT currently being investigated for the same problem by another specialist team.</b></p> <p><input type="checkbox"/> Patient does <b>NOT</b> have a <b>definite or almost definite diagnosis of metastatic disease*</b>.</p> <p><i>*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 service rather than the NSSS service</i></p>
	<b>Filter Tests</b>

## Reason for Referral – Compulsory

The clinical information is essential to the safe and appropriate care of your patient (Attached Consultation lower down form)

<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

Consent		
<input type="checkbox"/>	No Problems anticipated	
<input type="checkbox"/>	There may be a problem with consent e.g., significant dementia or learning disability	<b>Include details in referral narrative</b> clinical assessment may be needed before investigations

### PREVIOUS INVESTIGATIONS Results within last 5 years: Colonoscopy... (what's this for ??ask service )

Significant PMH/Drugs	Yes	No	Significant PMH/Drugs	Yes	No
Warfarin	<input type="checkbox"/>	<input type="checkbox"/>	DOAC e.g., Rivaroxaban/Dabigatran/Apixaban/Edoxaban	<input type="checkbox"/>	<input type="checkbox"/>
Antiplatelet e.g., Clopidogrel, Prasugrel	<input type="checkbox"/>	<input type="checkbox"/>	Metformin	<input type="checkbox"/>	<input type="checkbox"/>
Insulin/Sulfonylureas	<input type="checkbox"/>	<input type="checkbox"/>	PPI/H21	<input type="checkbox"/>	<input type="checkbox"/>
Poorly controlled Angina/ACS/MI within 3 months	<input type="checkbox"/>	<input type="checkbox"/>	Prosthetic valve replacement, previous SBE or vascular graft <b>within 1 year</b>	<input type="checkbox"/>	<input type="checkbox"/>

### 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...

Values and Social Context		
	Latest result	Date
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

**Blood Tests results in the last TWO months****PLEASE COMPLETE AS MUCH AS POSSIBLE TO INFORM ONWARD INVESTIGATIONS**

(Incomplete information may delay appropriate care for your patient).

<b>FBCs</b>	<b>Result within 2 months REQUIRED</b>	<b>Date</b>
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

<b>U&amp;Es &amp; HbA1c</b>	<b>Result within 2 months REQUIRED</b>	<b>Date</b>
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

<b>LFTs</b>	<b>Result within 2 months REQUIRED</b>	<b>Date</b>
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

<b>Bone</b>	<b>Result within 2 months REQUIRED</b>	<b>Date</b>
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

<b>CRP and/or ESR</b>	<input type="checkbox"/> Requested Date: <input type="text"/>	
	<b>Result within 2 months REQUIRED</b>	<b>Date</b>
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

<b>TFTs</b>	<b>Result within 2 months REQUIRED</b>	<b>Date</b>
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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

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

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

<b>Myeloma</b>	<b>Result within 2 months REQUIRED</b>	<b>Date</b>
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		

<b>Urinalysis</b>	<b>Result within 2 months REQUIRED</b>	<b>Date</b>
<b>Dipstick Test</b>	<b>Blood present YES <input type="checkbox"/> NO <input type="checkbox"/></b>	
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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<b>HIV p24 Antigen level</b>	<input type="checkbox"/> <b>Requested</b> <b>Date:</b> <input type="text"/>	
	<b>Result within 6 months REQUIRED</b>	<b>Date</b>
	Single Code Entry: HIV (human immunodeficiency virus) p24 antigen level	Single Code Entry: HIV (human immunodeficiency virus) p24 antigen level

**ADDITIONAL MANDATORY TEST RELEVANT TO SYMPTOMS**

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

<b>Coeliac Screen</b>	<b>Last result Consider within 6 months if anaemic</b>
Coeliac screen	Single Code Entry: Autoantibody screening for coeliac disease negative...
<b>Haematinics</b>	<b>Last result Consider within 6 months if anaemic</b>
Ferritin	Single Code Entry: Ferritin level low...
Folate	Single Code Entry: Serum folate level...
B12	Single Code Entry: Serum vitamin B12 level
<b>LDH</b>	<b>Last result Consider within 2 months if B Symptoms</b>
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
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**Incomplete information may delay appropriate care for your patient**

**PLEASE COMPLETE THE REST OF THIS FORM**

**Consultations**

**Problems**

**Medication**

**Allergies**

**PLEASE COMPLETE THE REST OF THIS FORM**

**Referrer details**

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

**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 Age: 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 English...</b> <input type="text"/>		
Accessibility Needs:	<input type="checkbox"/> Wheelchair access <input type="checkbox"/> Deaf <b>Single Code Entry: Partial 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 Single Code Entry: Moderate learning disability...</b> <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) <b>Single Code Entry: Vulnerable adult Single Code Entry: No longer a vulnerable adult...</b>		

**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 email [CBHealth.templates@nhs.net](mailto:CBHealth.templates@nhs.net) (NB: NOT TO BE USED FOR REFERRING A PATIENT)

2WW Suspected Serious Non Specific Symptoms (SNSS) Referral Form Northumbria EMIS Web SNOMED CBC / CDRC December 2022

**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