

# Urgent Suspected Cancer in Adults Malignancy of Unknown Origin

Date of referral **Short date letter merged**

Name:	Full Name	DOB:	Date of Birth	NHS No	NHS Number
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### Please confirm the following mandatory requirements

- 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 Fast track patient information leaflet

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

## Guidance

**This pathway is specifically for patients who have had a scan (CT, MRI, US) that shows metastatic malignancy, for which there is no obvious or apparent primary**

If the patient has **not** had any imaging but malignancy is suspected, consider the SNSS pathway or appropriate Site-Specific Fast track referral pathway

If the patient has a known primary cancer, discuss with the primary cancer team before considering this to be a new malignancy of unknown origin

Please complete the following tests to exclude an obvious primary, prior to referral:

- No clinical indication of a primary site on history or examination
- CXR (unless CT chest already done) – if abnormal consider Fast Track Lung
- PSA in all male patients – if abnormal consider Fast Track Urology
- Myeloma screen (serum EP and serum free light chains) if scan shows bone lesions
- CA125 for female patients with peritoneal disease – if abnormal consider Fast Track Gynae

## Referral

### THE FOLLOWING TRUSTS USE THIS FORM

Please send **BOTH** this 'service form' AND the 'Referral header sheet'

Northumbria	All referrals via e-referrals. For urgent queries please contact Deepta Churm, Siobhan Dixon or Dawn Elliott via Northumbria switchboard 0344 811 8111.
Durham and Darlington	Refer via malignancy of unknown origin on eRS – all referrals will be triaged before patients are given an appointment. Local contact for advice: Dr Sarah Jordan, AOS/CUP Lead, Secretary 01325743884
Newcastle	Secure email to: <a href="mailto:tnu-tr.ncccuponcologyrefer@nhs.net">tnu-tr.ncccuponcologyrefer@nhs.net</a> Advice: CUP nurse 0191 2448419, CUP lead: <a href="mailto:Christopher.jones13@nhs.net">Christopher.jones13@nhs.net</a>
Gateshead	Secure email to: <a href="mailto:ghnt.fastrack.requests@nhs.net">ghnt.fastrack.requests@nhs.net</a> , copy to Acute Oncology Service <a href="mailto:ghnt.acuteoncologyteam@nhs.net">ghnt.acuteoncologyteam@nhs.net</a> , 0191 4455751/8399/2416

### THESE TRUSTS DO NOT USE THIS FORM, PLEASE USE THE LOCAL PATHWAY

South Tyneside and Sunderland	Do not use this form, please use local pathway
North Cumbria	Do not use this form, please use local pathway
South Tees	Do not use this form, please use local pathway
North Tees and	Do not use this form, please use local pathway

**Reason form Referral – Compulsory**

(Please include why patient initially attended, relevant PMH, examination findings and what they know.)

The clinical information is essential to safe and effective care of your patient

Consultations:

Consultations

<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

<b>Consent</b>		
<input type="checkbox"/>	No problems anticipated	
<input type="checkbox"/>	There may be problems with consent. – e.g., significant dementia or learning disability clinical assessment may be needed before investigations	<b>Include details here:</b> <input type="text"/>
<b>Disability</b>		
<input type="checkbox"/>	No difficulty coping with investigation anticipated. No cognitive impairment/physical or behavioural issues that would make it difficult to manage the investigation	<b>Straight to test</b> investigations will be considered (expected to be able to move around and complete investigations)
<input type="checkbox"/>	There may be difficulties coping with investigation due to physical or mental disability <b>Clinic first may be offered.</b>	<b>Include details here</b> including known adjustments. <input type="text"/>

**Radiology results:** In the past 6 months Please attach relevant radiology results to this referral

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

**Blood tests within 2 months – REQUIRED**

If blood results to not appear below but have been requested, please 'X' appropriate boxes and add date)

PSA	<input type="checkbox"/> Requested    Date: <input type="text"/>			
	Result within 2 months <b>REQUIRED</b>		Latest Result	
PSA level	Single Code Entry: PSA (prostate-specific antigen) level	Single Code Entry: PSA (prostate-specific antigen) level	Single Code Entry: PSA (prostate-specific antigen) level	Single Code Entry: PSA (prostate-specific antigen) level

HbA1c	<input type="checkbox"/> Requested    Date: <input type="text"/>			
	Result within 2 months <b>REQUIRED</b>		Latest Result	
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

LFTs	<input type="checkbox"/> Requested    Date: <input type="text"/>			
	Result within 2 months <b>REQUIRED</b>		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...
Globulin	Single Code Entry: Serum globulin level...	Single Code Entry: Serum globulin level...	Single Code Entry: Serum globulin level...	Single Code Entry: Serum globulin level...
Total Protein	Single Code Entry: Serum total protein...	Single Code Entry: Serum total protein...	Single Code Entry: Serum total protein...	Single Code Entry: Serum total protein...

FBCs/ferritin	<input type="checkbox"/> Requested    Date: <input type="text"/>			
	Result within 2 months <b>REQUIRED</b>		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	Single Code Entry: Total white cell count	Single Code Entry: Total white cell	Single Code Entry: Total white cell

	count		count	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

<b>U&amp;Es</b>	<input type="checkbox"/> <b>Requested Date:</b> <input type="text"/>			
	<b>Result within 2 month REQUIRED</b>		<b>Latest Result</b>	
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
CA125	Single Code Entry: CA-125 (cancer antigen 125) arbitrary concentration in serum...	Single Code Entry: CA-125 (cancer antigen 125) arbitrary concentration in serum...	Single Code Entry: CA-125 (cancer antigen 125) arbitrary concentration in serum...	Single Code Entry: CA-125 (cancer antigen 125) arbitrary concentration in serum...

**eGFR** result within 2 months **REQUIRED**  **Requested Date:**

Single Code Entry: eGFR (estimated glomerular	Single Code Entry: GFR (glomerular filtration rate)	Single Code Entry: GFR (glomerular filtration rate)	Single Code Entry: GFR (glomerular filtration rate)
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**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
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<b>Myeloma Screen</b>	<input type="checkbox"/> <b>Requested Date:</b> <input type="text"/>	
	<b>Latest Result</b>	<b>Date</b>
Serum Kappa level	Single Code Entry: Serum kappa light chain level...	Single Code Entry: Serum kappa light chain level...
Serum Lambda level	Single Code Entry: Serum lambda light chain level...	Single Code Entry: Serum lambda light chain level...
Serum Kappa lambda ratio	Single Code Entry: Serum kappa:lambda light chain ratio...	Single Code Entry: Serum kappa:lambda light chain ratio...
Serum paraprotein level	Single Code Entry: Serum paraprotein level	Single Code Entry: Serum paraprotein level
Serum total protein	Single Code Entry: Serum total protein...	Single Code Entry: Serum total protein...
IgM (Immunoglobulin M)	Single Code Entry: IgM...	Single Code Entry: IgM...
Others	<input type="text"/>	

**Medical History** This section is unlocked.

Note to referrer: Extraneous/sensitive information **MUST BE DELETED** from the Medical History below

**DUE TO PADLOCKING (blocking pt's ability to view)** Certain Parts / Problems of medical records, Please Manually check the pt's record for Safeguarding and sensitive information, and manually enter if appropriate.

**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>	<b>Address:</b>	<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"/> Single Code Entry: Patient's next of kin... Contact Details: <input type="text"/> Single Code Entry: Emergency contact details...		
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	NB: Not all services use Texts or Emails as a method of communication.	
Ethnicity:	<b>Ethnic Origin</b>		
Interpreter:	<input type="checkbox"/> Yes 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> Single Code Entry: Impairment with substantial and long term adverse effect on normal day to day activity (Equality Act 2010) Single Code Entry: Requires reasonable adjustment for health and care access (Equality Act 2010)... <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> <b>Single Code Entry: Difficult intubation</b> Other: <input type="text"/>		
<b>Other:</b> 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 [contact-cdrc@healthinnovationenc.org.uk](mailto:contact-cdrc@healthinnovationenc.org.uk) (NB: NOT TO BE USED FOR REFERRING A PATIENT) NCA MUO (malignancy of unknown origin) Urgent Suspect Cancer December 2025 CDRC Snomed EMIS Web. **This form has been developed by CDRC (Clinical Digital Resource Collaborative) – CDRC partners include NENC ICB, HI NENC, CBC Health Federation Ltd, NECS, Cumbria PRIMIS Informatics, and Derwentside Health Ltd. All intellectual property rights belong to the NENC ICB, this form cannot be copied or distributed by any other organisation.**

**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