

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 to tnu-tr.sarcomaadvice@nhs.net

For advice only (using a secure email address) **please send to:** tnu-tr.sarcomaadvice@nhs.net

For use by all teams including GP’s referring patients with a suspected or confirmed bone, soft tissue or abdominal/retroperitoneal 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 Fast track patient information leaflet

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

BONE PAIN

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.

SOFT TISSUE MASS

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: >5cm diameter, painful, increasing in size, deep to fascia, fixed.

RECURRENCE

If there is a suspected recurrence of sarcoma following previous excision – please refer direct to Fast track sarcoma – **DO NOT WAIT FOR USS**

Guidance

SUSPECTED PRIMARY BONE TUMOUR

Specify Body Site:

Suspicious X-ray showing: (please mark)

- Spontaneous Fracture
- Bone Destruction
- Soft Tissue Swelling
- New Bone Formation
- Periosteal Elevation

Please attach radiology results

SUSPECTED SOFT TISSUE SARCOMA

Specify Body Site:

Suspicious USS indicating soft tissue sarcoma or uncertain results where clinical concern remains. Please indicate any additional significant features: **Please attach radiology results**

- >5cm in size
- Deep in Fascia
- Recurrence following excision
- Painful
- Increasing in size
- Fixed
- Other

Suspected Soft Tissue Sarcomas at non limb/trunk sites including the abdomen or retroperitoneum

Do not refer HIV-associated Kaposi’s sarcoma with this form

please send via e-referral to Infectious Diseases at the Royal Victoria Infirmary

Is there imaging available?

YES NO

If yes, at which hospital and when was it done?

Is there histology available?

YES NO

If yes, at which hospital and when was it done?

Reason form Referral – Compulsory

Consultations

Performance Status	<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 problems with consent. – e.g., significant dementia or learning disability clinical assessment may be needed before investigations	Include details here: <input type="text"/>
Disability		
<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	Straight to test 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 Clinic first may be offered.	Include details here including known adjustments. <input type="text"/>

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

Blood results/investigations

LFTs	<input type="checkbox"/> Requested Date: <input type="text"/>			
	Result within 2 months		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

FBCs	<input type="checkbox"/> Requested Date: <input type="text"/>			
	Result within 2 months		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

U&Es	<input type="checkbox"/> Requested Date: <input type="text"/>			
	Result within 2 months		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

eGFR result within 2 months 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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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 <input type="checkbox"/> Can contact by Email		NB: Not all services use Texts or Emails as a method of communication.		
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... 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) 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 email contact-cdrc@healthinnovationenc.org.uk (NB: NOT TO BE USED FOR REFERRING A PATIENT) NCA SARCOMA 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: / / **1st seen:** / /

Specify reason if not seen on 1st appointment:

Diagnosis: Malignant Benign