

**Urgent Suspected Cancer in Adults  
SERIOUS NON-SPECIFIC  
SYMPTOMS  
SNSS**

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 Fast track 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.

Guidance	<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 <b>does NOT have a 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>
	Filter Tests

## 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

<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"/>

### 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...

<b>Values and Social Context</b>		
	<b>Latest result</b>	<b>Date</b>
Height	Single Code Entry: Standing height	Single Code Entry: Standing height
Weight (last 3)	<b>Weight</b>	<b>Weight</b>
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"/> <b>Requested Date:</b> <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>
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 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 protein electrophoresis	Single Code Entry: Serum protein electrophoresis	
Others	<input type="text"/>	

<b>Urinalysis</b>	<b>Result within 2 months REQUIRED</b>	<b>Date</b>
<b>Dipstick Test</b>	<b>Blood present YES</b> <input type="checkbox"/> <b>NO</b> <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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<b>HIV p24 Antigen level</b>	<input type="checkbox"/> <b>Requested 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>	Last result <b>Consider within 6 months if anaemic</b>
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<b>Coeliac screen</b>		Single Code Entry: Autoantibody screening for coeliac disease negative...
<b>Haematinics</b>		<b>Last result Consider within 6 months if anaemic</b>
<b>Ferritin</b>		Single Code Entry: Ferritin level low...
<b>Folate</b>		Single Code Entry: Serum folate level...
<b>B12</b>		Single Code Entry: Serum vitamin B12 level
<b>LDH</b>		<b>Last result Consider within 2 months if B Symptoms</b>
<b>LDH</b>		Single Code Entry: Serum LDH - Lactate dehydrogenase level elevated...
<b>Available</b>	<b>Requested</b>	
<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

**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**

**Urgent Suspected Cancer in Adults  
SERIOUS NON-SPECIFIC  
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**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"/> 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:	<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</b> <b>Single Code Entry: Moderate learning disability...</b> <b>Single Code Entry: Impairment with substantial and long term adverse effect on normal day to day activity (Equality Act 2010)</b> <b>Single Code Entry: Requires reasonable adjustment for health and care access (Equality Act 2010)...</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</b> <b>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) NHCT NSSS Urgent Suspect Cancer Northumberland Serious Non-Specific Symptoms December 2025 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