

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](#)

- Patient has been informed that this is an urgent referral for suspected cancer
- The patient is available and willing to attend 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](#)

NICE and BMS Guidance

ANY

- Lesions suspicious of cancer of cervix or vagina on speculum examination
- Unexplained vulval lump, ulceration or bleeding
- Palpable pelvic mass (new finding do not await scan) Ensure CA125 has been requested before referral
- CA125 >35 IU/ml **AND** USS suggestive of ovarian cancer Patients <40 please request but do not wait for: alpha-fetoprotein (AfP), Beta-hCG and Lactate dehydrogenase (LDH)

PEOPLE NOT TAKING HRT

- Post-menopausal bleeding or blood stained discharge** (unexplained vaginal bleeding more than 12 months after menstruation has stopped because of the menopause)
- Unexpected or prolonged vaginal bleeding persisting for more than 4 weeks after stopping HRT or whilst taking Tamoxifen

PEOPLE TAKING HRT

Unscheduled bleeding in women taking HRT is not an automatic criteria for suspected cancer pathway. Please follow the flow chart below and refer to [BMS GUIDELINES](#) for details

- Unscheduled bleeding and 1 major or 3 minor risk factors for endometrial cancer. USS not required prior to referral.

MAJOR risk factors

- BMI ≥ 40
- Genetic risk Lynch / Cowen's Syndrome
- Oestrogen only HRT for > 6 months in women with a uterus
- Tricycling HRT (Daily oestrogen with 7-10 days of progesterone given every 3 months) for > 12 months
- Prolonged sequential HRT regime used for more than 5 years when started age ≥45 y
- 12 Months or more of using progesterone for <12 days per month as part of a sequential HRT regime

MINOR risk factors

- BMI 30 - 39
- Unopposed oestrogen > 3 months but < 6 months in women with a uterus
- Tricycling HRT (daily oestrogen with 7 – 10 days of progesterone given every 3 months) for < 12 months
- >6m but <12 months using < 12 days/ month progesterone as part of a sequential HRT regime.
- Progesterone dose not in proportion with oestrogen dose for > 12 months (including expired LNG-IUS)

[BMS Guidance](#)

- Anovulatory cycles i.e. PCOS
- Diabetes
- Unscheduled bleeding and Endometrial thickness on USS >4mm if taking Continuous combined HRT
- Unscheduled bleeding and Endometrial thickness >7mm in people taking Sequential HRT.
- Incidental finding of thickened endometrium in asymptomatic women taking HRT with 1 major or 2 minor risk factors (>4 mm on continuous combined HRT or >7mm on sequential HRT) See above for risk factors.

	The Following Findings need URGENT referral to gynaecology for endometrial assessment to be seen WITHIN 6 WEEKS - do not use this referral form.
	Incidental endometrial thickness > 10mm on USS and asymptomatic AND no major risk factors irrespective of symptoms or HRT (please include report)
	Unscheduled bleeding and endometrium not visualised fully but area seen is within normal limits
	Persistent unscheduled bleeding after 6 months of HRT adjustment or if increased frequency or heaviness occurs during the 6 months following initial TVUS of fully visualised, uniform endometrium AND endometrial thickness \leq 4mm on continuous combined HRT or \leq 7mm on sequential HRT

If you suspect a possible gynaecological cancer but symptoms do not fit the criteria, please refer and include the clinical details in the section below.

Reason for Referral – Compulsory

Consultations

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:
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.

Performance	<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

Investigations/Procedures: (Please attach any abnormal scan/radiology results)

Not all scans can be shown due to lab link coding problems

Weight last 3	Date	BMI last 3	Date
Single Code Entry: Body weight	Single Code Entry: Body weight	Single Code Entry: Body mass index...	Single Code Entry: Body mass index...
Single Code Entry: Body weight	Single Code Entry: Body weight	Single Code Entry: Body mass index...	Single Code Entry: Body mass index...
Single Code Entry: Body weight	Single Code Entry: Body weight	Single Code Entry: Body mass index...	Single Code Entry: Body mass index...

Blood Test Result since onset of symptoms and must be in the last TWO months - ESSENTIAL to triage patients direct to test (Not all scans can be shown due to lab link coding problems).

U&Es	Result within 2 months REQUIRED	
		Date
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
eGFR	Single Code Entry: eGFR (estimated glomerular filtration rate) using CKD-Epi (Chronic Kidney	Single Code Entry: eGFR (estimated glomerular filtration rate) using CKD-Epi (Chronic Kidney

FBCs/ferritin	Result within 2 months REQUIRED	
		Date
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
Ferritin	Single Code Entry: Serum ferritin level	Single Code Entry: Serum ferritin level

CA125:	Single Code Entry: CA125 level...
Smear	Single Code Entry: Cervical smear result
USS:	Single Code Entry: US pelvic scan... Single Code Entry: US abdominal scan...
OTHER:	

BLOODS IF INDICATED IN REFERRAL GUIDANCE

Beta HCG	Single Code Entry: Serum free beta HCG (human chorionic gonadotrophin) level...	Single Code Entry: Serum free beta HCG (human chorionic gonadotrophin) level...
Alpha fetoprotein	Single Code Entry: Alpha-fetoprotein level - finding...	Single Code Entry: Alpha-fetoprotein level - finding...
Lactate dehydrogenase	Single Code Entry: Serum lactate dehydrogenase level above reference range...	Single Code Entry: Serum lactate dehydrogenase 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

Problems, Allergies, Acute / Repeat Medication

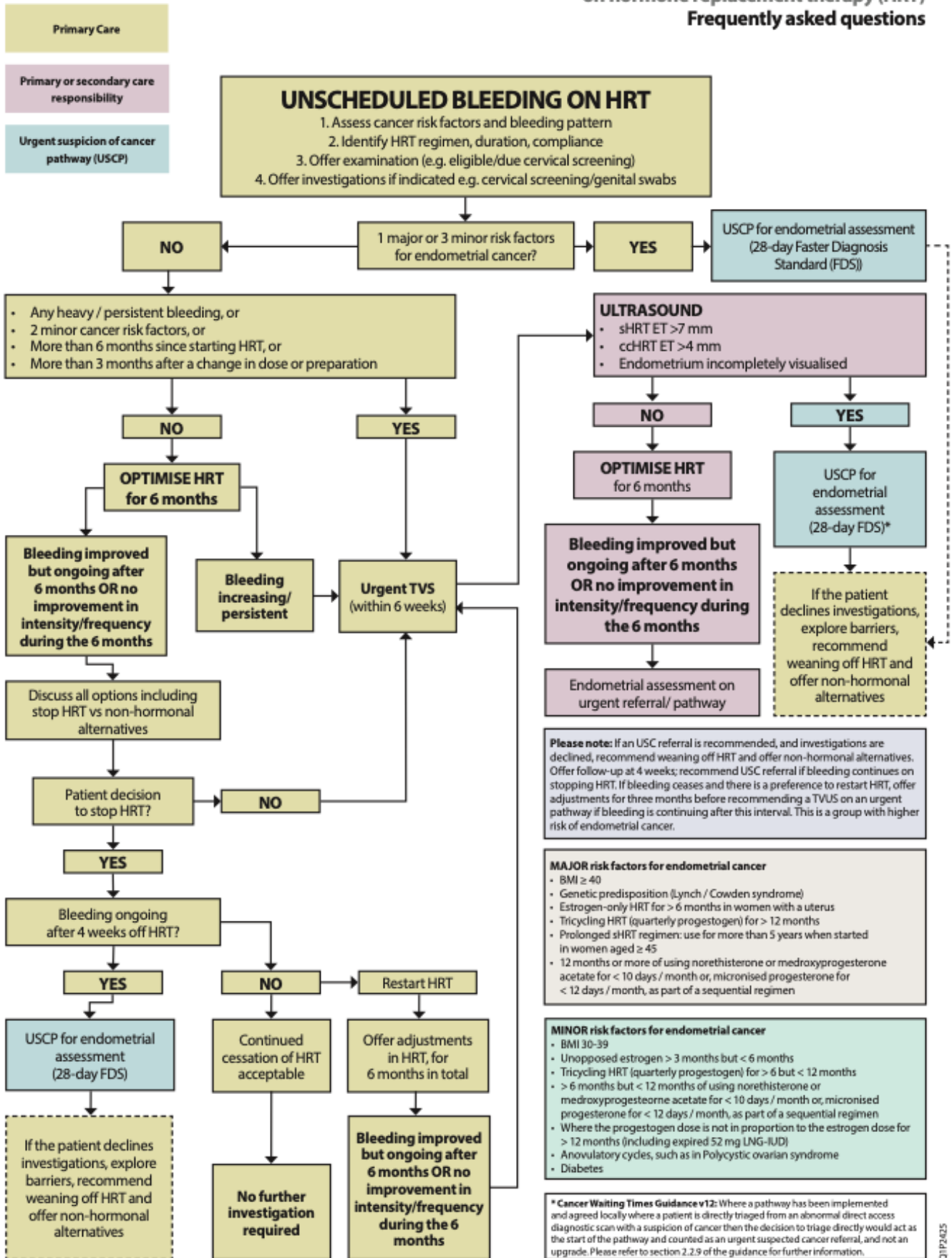
DUE TO PADLOCKING (blocking pt's ability to view) Certain Parts / Problems of medical records, Please Manually check the pt's record for Safeguarding and sensitive information, and manually enter if appropriate.

Problems

Medication

Allergies

Incomplete information may delay appropriate care for your patient
PLEASE COMPLETE THE REST OF THIS FORM



Urgent Suspected Cancer in Adults GYNAECOLOGY

Referrer details

Name of referrer:	Referring User <input style="border: 1px dashed red;" 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 style="border: 1px dashed red;" 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: Single Code Entry: Patient's next of kin... <input style="border: 1px dashed red;" type="text"/> Contact Details: Single Code Entry: Emergency contact details... <input style="border: 1px dashed red;" 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		
Ethnicity:	Ethnic Origin		
Interpreter:	<input type="checkbox"/> Yes Language: Single Code Entry: Main spoken language English... <input style="border: 1px dashed red;" 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 style="border: 1px dashed red;" 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 style="border: 1px dashed red;" 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 GYNAECOLOGY Urgent Suspected Cancer Referral 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: / / **1st seen:** / /

Specify reason if not seen on 1st appointment:

Diagnosis: Malignant Benign