

Urgent Suspected Cancer in Adults HAEMATOLOGY

Date of referral

Name:	DOB:	NHS No
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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 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](#) [Patient info leaflet including easy read](#)

NICE Guidance	Refer immediately by telephone (discuss with Haematologist) patients –	
	<ul style="list-style-type: none"> • With a blood count/film reported as acute leukaemia • With spinal cord compression or renal failure due to myeloma 	
	Refer urgently to be seen within 2 weeks patients -	
	<input type="checkbox"/>	With persistent (>3 months) splenomegaly and no evidence of liver disease or alternative clinical explanation
	<input type="checkbox"/>	Persistent unexplained lymphadenopathy (>2cm) for over 6 weeks when HIV, recent CMV/EBV infection have been serologically excluded.
	<input type="checkbox"/>	Protein electrophoresis or serum free light chains that adhere to at least one of the following criteria (Be mindful: Levels below are paraprotein quantifications not total levels (i.e. not total IgG level)
		Results: <ul style="list-style-type: none"> <input type="checkbox"/> Monoclonal IgG paraprotein >15 g/L <input type="checkbox"/> Monoclonal IgA or IgM paraprotein >10 g/L <input type="checkbox"/> Monoclonal IgD or IgE paraprotein (any level) <input type="checkbox"/> Monoclonal Serum free light chain level >500mg/L <input type="checkbox"/> Serum free light chain ratio less than 0.1 or greater than 7
	<input type="checkbox"/>	Bone imaging reporting lytic lesions radiologically suggestive of myeloma

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 style="border: 1px dashed red;" 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 style="border: 1px dashed red;" type="text"/>

Malignancy suspected:	Leukaemia	<input type="checkbox"/>	(Must include FBC result)
	Myeloma	<input type="checkbox"/>	(Must include Paraprotein/serum free light chains)
	Lymphoma	<input type="checkbox"/>	(Lymphoma HD or NHL)

Reason for Referral – Compulsory

Presenting Signs and Symptoms	Symptoms:	Clinical Examination:
	<input type="checkbox"/> Night sweats	Lymph Nodes –
	<input type="checkbox"/> Weight Loss	<input type="checkbox"/> neck <input type="checkbox"/> axilla
	<input type="checkbox"/> Itching	<input type="checkbox"/> groin <input type="checkbox"/> other
	<input type="checkbox"/> Fatigue	<input type="checkbox"/> Pallor
	<input type="checkbox"/> Breathlessness	<input type="checkbox"/> Hepatomegaly
	<input type="checkbox"/> Bruising	<input type="checkbox"/> Splenomegaly
	<input type="checkbox"/> Recurrent infections	<input type="checkbox"/> Bruising/petechiae
	<input type="checkbox"/> Bone pain	<input type="checkbox"/> Stomatitis/mouth ulcers
	<input type="checkbox"/> Alcohol induced lymph node pain	

Weight (last 3):

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

Investigations and results:

Do not delay referral waiting for test results

Chest X-ray: Single Code Entry: Standard chest X-ray...

Blood test	Latest Result	Date
Hb:	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
Urea	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

serum adjusted Calcium	Single Code Entry: Corrected serum calcium level...	Single Code Entry: Corrected serum calcium level...
Myeloma screen		
Serum protein electrophoresis	Single Code Entry: Serum protein electrophoresis...	Single Code Entry: Serum protein electrophoresis...
Immunoglobulin M	Single Code Entry: IgM	Single Code Entry: IgM
Immunoglobulin A	Single Code Entry: IgA	Single Code Entry: IgA
Immunoglobulin G	Single Code Entry: IgG	Single Code Entry: IgG
Urine protein Electrophoresis	Single Code Entry: Serum protein electrophoresis...	Single Code Entry: Serum protein electrophoresis...
Serum Free light chains		
Serum Kappa Ratio	Single Code Entry: Kappa free light chains mass concentration in serum	Single Code Entry: Kappa free light chains mass concentration in serum
Serum Lambda Ratio	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...

NB: Paraprotein and Serum free light chains MUST be included if suspected myeloma

Problems

Medication

Allergies

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

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Referrer details

Name of referrer: <input style="width: 80%;" type="text"/>	Date of referral: <input style="width: 80%;" type="text"/>
<p style="text-align: center;"><u>Referring Organisation</u></p> <p>Tel: <input style="width: 80%;" type="text"/></p> <p>Email: <input style="width: 80%;" type="text"/></p> <p>Fax: <input style="width: 80%;" type="text"/></p>	<p style="text-align: center;"><u>GP details</u></p> <p>Tel: <input style="width: 80%;" type="text"/></p> <p>Email: Organisation E-mail Address <input style="width: 80%;" type="text"/></p>
Name of GP to address correspondence to, if different to accountable GP <input style="width: 80%;" type="text"/>	

Patient details

Name:	<input style="width: 95%;" type="text"/>	Address:	<input style="width: 95%;" type="text"/>
Gender:	<input style="width: 95%;" type="text"/>		
DOB & Age:	Age: <input style="width: 80%;" type="text"/>		
NHS number:	<input style="width: 95%;" type="text"/>		
Patient Contacts:	Home: <input style="width: 80%;" type="text"/>	Mobile: <input style="width: 80%;" type="text"/>	
	Work: <input style="width: 80%;" type="text"/>	Email: <input style="width: 80%;" type="text"/>	
	Carer/Advocate: The patient has confirmed the following person should be included in correspondence – Name: <input style="width: 80%;" type="text"/> Contact Details: <input style="width: 80%;" 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:	<input style="width: 95%;" type="text"/>		
Interpreter:	<input type="checkbox"/> Yes Language: <input style="width: 80%;" 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 adjustments for health and care access (Equality Act 2010)... <input type="checkbox"/> Other disability needing consideration: 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 style="width: 80%;" type="text"/> <input type="checkbox"/> Accompanied by Carer		
Risks:	<input type="checkbox"/> Vulnerable Adult (Details of any recording within last 3 yrs) Other: <input style="width: 80%;" type="text"/>		
Other: <input style="width: 95%;" type="text"/>			

Accessible information

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