**Pan London COVID-19 Suspected HAEMATOLOGICAL Cancer Referral Form**

[Press the <Ctrl> key while you click here to view the Pan London Cancer Referral Support Guide](https://www.myhealth.london.nhs.uk/nhsrefer/formlinks/guides/general)

**REFERRAL DATE:** 

**This form should be used to refer a patient to their hospital of choice via E-referral (e-RS).**

**ALL suspected cancer referrals MUST be sent via e-RS within 24 hours.**

[Press the <Ctrl> key while you click to view a list of London hospitals](https://www.myhealth.london.nhs.uk/nhsrefer/formlinks/web/haematology)   
***Please check on e-RS if a hospital can accept the referral***

**PATIENT DETAILS**

**SURNAME:**       **FIRST NAME:**       **TITLE:** 

**GENDER:**       **DOB:**       **AGE:****NHS NO:** 

**ETHNICITY:**        **LANGUAGE:** 

**INTERPRETER REQUIRED**  **TRANSPORT REQUIRED**

**PATIENT ADDRESS:**       **POSTCODE:** 

**DAYTIME CONTACT TEL:** 

**HOME TEL:**       **MOBILE TEL:**       **WORK TEL:** 

**EMAIL:** 

**CARER/KEY WORKER DETAILS**

**NAME:**       **CONTACT:**       **RELATIONSHIP TO PATIENT:** 

**COGNITIVE, SENSORY OR MOBILITY IMPAIRMENT**

**COGNITIVE**   **SENSORY**  **MOBILITY**   **DISABLED ACCESS REQUIRED**

**PLEASE INCLUDE RELEVANT DETAILS:** 

**SAFEGUARDING**

**SAFEGUARDING CONCERNS**

**PLEASE INCLUDE RELEVANT DETAILS:** 

**GP DETAILS**

**USUAL GP NAME:** 

**PRACTICE NAME:**       **PRACTICE CODE:**  

**PRACTICE ADDRESS:** 

**BYPASS TEL:** 

**MAIN TEL:**       **FAX:**       **EMAIL:** 

**REFERRING CLINICIAN:** 

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| **CANCER TYPE SUSPECTED** | | |  |  | | |  |  |
|  | | **LEUKAEMIA** |  | **LYMPHOMA** | | |  | **MYELOMA** |
|  | | | | | | | | |
| **The following should be referred IMMEDIATELY as an emergency (i.e. Not a 2WW):** | | | | | | | | |
| * Children and young people with unexplained hepatosplenomegaly, lymphadenopathy or petechiae | | | | | | | | |
| * Blood count/film suggesting acute leukaemia * Spinal cord compression from possible malignancy | | | | | | * Renal failure suspicious of myeloma * Platelets <20 and actively bleeding | | |
| **The following should be offered an URGENT blood test within 48 hours:** | | | | | | | | |
| * Unexplained bruising * Age >40 with >6 weeks of bone pain | | | | | * Age >40 with unexplained fracture * Age >40 with back pain AND ‘red flag’ symptoms | | | |
|  | | | | | | | | |
| **REASON FOR SUSPECTED CANCER REFERRAL**  [Press <Ctrl> key + click here to view Pan London Suspected Haematological Cancer Referral Guide](https://www.myhealth.london.nhs.uk/nhsrefer/formlinks/guides/haematology) | | | | | | | | |
|  | | | | | | | | |
| **LEUKAEMIA** | | | | | | | | |
|  | | **Highly abnormal FULL BLOOD COUNT / BLOOD FILM** | | | | | | |
|  | | [To view highly abnormal FBC criteria for 2ww referral <Ctrl> click here](#HighlyAbnormalFBC) | | | | | | |
|  | | **Abnormal FBC with unexplained red flag symptoms** Please describe the red flag symptom/s in the *additional clinical information box* | | | | | | |
|  | | [To view red flag haematology symptoms, <Ctrl> click here](#RedFlagHaemSymptoms) | | | | | | |
| **Seek URGENT ADVICE if abnormal FBC but no highly abnormal criteria or red flag symptoms.  *- Tick box below and send 2ww; please include* Additional Clinical Information*.*** | | | | | | | | |
|  | | | | | | | | |
| **MYELOMA** | | | | | | | | |
|  | Monoclonal paraprotein band on serum electrophoresis > 10 g/L  Raised serum free light chains with abnormal ratio >5 or <0.1  Urine Bence-Jones proteins suggestive of myeloma  Paraprotein of any level **in the presence of one or more of the following**:  *Unexplained abnormal renal, bone profile or FBC; red flag symptoms present* | | | | | | | |
| **Seek URGENT ADVICE if abnormal paraprotein but not meeting criteria above** | | | | | | | | |

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| **LYMPHOMA** | | | | | | | | | |
|  | Unexplained splenomegaly | | | | | | | | |
|  | Persistent lymphadenopathy \**≥ 6 weeks; lymph nodes ≥ 2cm or increasing in size* | | | | | | | | |
|  | Lymphadenopathy with fever, night sweats, shortness of breath, pruritus or weight loss | | | | | | | | |
| Location of enlarged lymph nodes: | |  | Neck |  | Groin |  | Axilla |  | Neck only |
|  | | | | | | | | | |

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| **URGENT ADVICE FROM HAEMATO-ONCOLOGY**  *Use local Advice & Guidance* ***IF*** *this service provides a response within 48 hours*  **Please tick this box if you need urgent Haemato-Oncology advice with local triage via this form  \*** Please complete *Additional Clinical Information* box below  **NB: Please provide telephone AND email details so the GP can be contacted within 2 working days** | | |
|  | | |
| **Additional clinical information:** | | |
| **Personal/relevant patient information:** | | |
| **Past history of cancer:** | | |
| **Relevant family history of cancer:** | | |
|  | **I have discussed the possible diagnosis of cancer with the patient** |
|  | **The patient has been advised that they will be contacted by secondary care by telephone** |
|  | **I have advised the patient that they should prioritise this appointment. I have offered the pan London COVID -19 patient information leaflet Offering written patient information increases patient experience and reduces non-attendance. These are available in 11 different languages.**  [Press the <Ctrl> key while you click here to view the leaflet](https://www.healthylondon.org/resource/covid-19-cancer-referral-resources/) |
|  | **This patient has been added to the practice suspected cancer safety-netting system**  [Press the <Ctrl> key while you click here to view information on Cancer Safety Netting Systems](https://www.healthylondon.org/wp-content/uploads/2020/04/Key-safety-netting-messages-during-Covid-19-pandemic-Final-version-9th-April-2020-003.pdf) |

**INVESTIGATIONS**

**Please ensure this referral includes ALL the relevant investigations including blood tests and imaging. If there are any pending test results that you have organised at the time of this referral please provide information including TYPE OF INVESTIGATION requested (bloods, imaging) and TRUST performing the tests in the box below.**

**CLINICALLY-SPECIFIC AUTOMATIC TABULATED DATA**

**Please state hospital laboratory where blood tests below were performed:**

**IMAGING STUDIES (in past 6 months) Please include date:**       **and location:**      

**FBC (most recent recorded in past 6 months)**

**ESR (most recent recorded in past 6 months)**

**CRP (most recent recorded in past 6 months)**

**RENAL FUNCTION (most recent recorded in past 6 months)**

**LFT (most recent recorded in past 6 months)**

**BONE PROFILE (most recent recorded in past 6 months)**

**SERUM PROTEIN ELECTROPHORESIS** **(most recent recorded in past 6 months)**

**URINARY BENCE JONES PROTEIN (most recent recorded in past 6 months)**

**ROUTINE AUTOMATIC TABULATED DATA**

**MEDICAL HISTORY**

**ALLERGIES**

**MEDICATION**

**OFFICE USE ONLY**

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| **LEUKAEMIA** |
| **Highly abnormal full blood count result**  Leucoerythroblastic blood picture (from blood film report)  Out of range blood counts in more than 1 line (red cell, white cell and platelets)  Isolated neutrophil count <0.5 repeated after 1 week  Isolated WBC greater than 50  Isolated Platelet count <50  Isolated Platelet count >1000  Platelet count >600 with recent thrombus or bleed |
| **Red Flag Haematology Symptoms**  PERSISTENT fatigue  UNEXPLAINED fever  UNEXPLAINED persistent or recurrent infection  Generalised lymphadenopathy  UNEXPLAINED bruising  UNEXPLAINED bleeding  UNEXPLAINED petechiae  UNEXPLAINED bone pain  Hepatosplenomegaly |
| **Refer 2ww if:**   * **Red flag symptoms and any abnormal FBC** * **Asymptomatic with highly abnormal full blood count** |
| Unless highly abnormal blood count result, refer asymptomatic patients routinely or seek Advice & Guidance. |