**Suspected Haematological Cancer Two Week Wait Referral Form**

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| **Referrer Details** | **Patient Details** | | | | | | | |
| Name: | Name: | | | | | DoB: | | |
| Address: | Address: | | | | | Gender: | | |
| Hospital No.: | | |
| NHS No.: | | |
| Tel No: | Tel No. (1): | | | | | *Please check tel. nos.* | | |
| Tel No. (2): | | | | |
| Email: | Carer requirements (has dementia or learning difficulties)? | | | | | Capacity concerns? | | |
| Decision to Refer Date: | Translator Required: Yes 🞏 No 🞏 Language……. | | | | Mobility: | | | |
|  | Military Service Person |  | Military Veteran | | |  | Member of Military Family |

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| **Level of Concern**  *I think it is likely that this patient has cancer, and would like the patient to be investigated further even if the first test proves negative, including a Consultant to Consultant referral if deemed appropriate. All non-site specific symptoms (e.g. iron deficiency anaemia, unexplained weight loss) are listed in the clinical details section below.*  **Clinical details**  *Please detail your conclusions and what needs to be excluded, or attach referral letter.* |

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| **Acute Leukaemia**  *If a blood film suggests an* ***acute*** *leukaemia please arrange an immediate admission with a haematologist.* |
| **Myeloma**  results of protein electrophoresis or a serum-free light chain assay test suggest myeloma  radiology reported as suggestive of myeloma and myeloma screen confirms myeloma  *When considering referral, take into account other features including:*  *Hypercalcaemia, abnormal full blood count, acute kidney injury.*   * A myeloma screen includes: full blood count, renal function, calcium, serum protein electrophoresis, serum-free light-chain assay * Myeloma is unlikely with a monoclonal IgG band <15g/l or IgA band <10g/l in the absence of other symptoms (e.g. renal failure, hypercalcaemia, back pain, bone marrow failure), in which case consider a routine referral. IgM bands are very unlikely to be due to myeloma but can be discussed with consultant haematologist via [shc-tr.haemenquiries@nhs.net](mailto:shc-tr.haemenquiries@nhs.net) if of concern. * Spinal cord compression or acute kidney injury suspected of being caused by myeloma should be discussed more urgently with on call haematologist * A polyclonal (diffuse) increase in gammaglobulin is not associated with haematological malignancy.   *Please refer to local guidelines* [*here*](http://www.swscn.org.uk/networks/cancer/site-specific-groups/aswg-site-specific-groups-2/haematology-ssg/haematology-ssg-information-primary-care-practitioners/)*.* |
| **Hodgkin's & Non-Hodgkin's lymphoma**  unexplained lymphadenopathy (*Unexplained lymphadenopathy is defined as >1cm and persisting for six weeks.)*  *Patients with unexplained lymphadenopathy require tissue diagnosis BEFORE referral to haematology. Please refer to* *ICID Guidelines on Lymphadenopathy Referral* [*http://icid/ClinicalManagement/Haematology/Pages/LymphadenopathyReferral.aspx*](http://icid/ClinicalManagement/Haematology/Pages/LymphadenopathyReferral.aspx)  *Referral without a biopsy may result in the referral being returned to you and generate delay for the patient.*  unexplained palpable splenomegaly  unexplained radiological splenomegaly plus symptoms or signs  *Incidental and asymptomatic radiological finding of splenomegaly does NOT require urgent referral*  *When considering referral, take into account any associated symptoms, particularly unexplained high fever, drenching night sweats (with or without weight loss), shortness of breath, pruritus or alcohol-induced lymph node pain.* |
| **Please ensure the following recent pathology results are available (less than 8 weeks old)**  **Myeloma**  FBC, renal function, calcium, serum protein electrophoresis, serum-free light-chain assay  **Lymphoma**  FBC U+Es, LFTs, LDH |
| **CLL is not an indication for a 2 week wait referral** |

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| **Smoking status** | **WHO Performance Status:**  **0** Fully active  **1** Able to carry out light work  **2** Up & about greater than 50% of waking time  **3** Confined to bed/chair for greater than 50%  **4** Confined to bed/chair 100% |
| **BMI if available** |

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| Please confirm that the patient has been made aware that this is a suspected cancer referral: Yes No  Please confirm that the patient has received the two week wait referral leaflet: Yes No  Please provide an explanation if the above information has not been given:  If your patient is found to have cancer, do you have any information which might be useful for secondary care regarding their likely reaction to the diagnosis (e.g. a history of depression or anxiety, or a recent bereavement from cancer might be relevant) or their physical, psychological or emotional readiness for further investigation and treatment? |
| Date(s) that patient is unable to attend within the next two weeks:  *If patient is not available for the next 2 weeks, and aware of nature of referral, consider seeing patient again to reassess symptoms and refer when able and willing to accept an appointment.* |

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| **Please attach additional clinical issues list from your practice system.**  **Details to include:**  Current medication, significant issues, allergies, relevant family history, alcohol status and morbidities |

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| **Trust Specific Details** |

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| ***For hospital to complete*** UBRN:  Received date: |

Please send via **ERS**