**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 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 [ ] NoPlease confirm that the patient has received the two week wait referral leaflet: [ ] Yes [ ] NoPlease 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**