Building healthier lives

NHS
University Hospitals Birmingham
NHS Foundation Trust

GENOMIC MDT Referral Proforma

Patient Name:	QEHB/NHS Number:	D.O.B:
Patient Address:	Patient Tel No:	
Referring Hospital:	Referring Consultant:	CNS:
Referrer Email:	Referrer phone number:	
Referring MDT Coordinator Email (nhs.net only):		
CWT TARGET DATE:	2WW ◯	UPGRADE ◯

Clinical Details: (Include prior treatment, radiology, histology, PMH and current medication):

Performance Status: BMI:

Significant Comorbidities:

DIAGNOSIS: DATE:

Tumour type: Tumour subtype:

Specimen type (please select sample and fixation method):

Time point of Sample	Fresh Frozen (√)	FFPE (√)	ctDNA (blood samples only)
Pre-treatment biopsy	☐	☐	
Post-treatment biopsy	☐	☐	
Treatment naive resection	☐	☐	
Post-treatment resection	☐	☐	
Blood			☐

Mismatch repair status (if applicable):

To support a discussion of the results return, once available please ensure that a copy of all histology reports, most recent imaging report, latest clinic letter and MDT outcome are emailed

Send completed referral form to UHB-tr.CancerTertiaries@NHS.net

Incomplete forms will result in delays to the patient pathway. Referral will be accepted when all essential information is received.

Email form Save form