

## HAEMATOLOGY MDT Referral Proforma - **LEUKAEMIA**

Patient Name:	QEHB/NHS Number:	D.O.B:
Patient Address:	Patient Tel No:	GP:
Referring Hospital:	Referring Consultant:	CNS:
Referrer Email:	Referrer phone number:	
Referral to QEHB Consultant:    Yes    No	Name:	
CWT TARGET DATE:	2WW      UPGRADE	

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

{AML:    ALL:    CML:    CLL:    CMML:    MDS:    MPN:    **(Select one)}**}

Performance Status: BMI:

Significant Comorbidities:

FBC: Hb: WCC:

Question for MDT:

Is referral for treatment: or MDT discussion only:

HISTOLOGY:	Location:	Date:
IMMUNOPHENOTYPING REPORT:	Location:	Date:
CYTOGENETICS REPORT:	Location:	Date:

**Ensure all histology slides/reports and imaging films/reports are sent with the referral.**

Other:

**Date Patient agreed to referral to QEHB:**

**Send completed referral form to [UHB-tr.CancerTertiaries@NHS.net](mailto:UHB-tr.CancerTertiaries@NHS.net)**

**Please note cut off time for inclusion in MDT is Friday 10:00hrs**

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