

East Midlands Sarcoma Service
MDT Referral Form

All fields need to be completed on this referral form. If the form is incomplete we will return it to you which may delay your patient being discussed at MDT. It is essential that we receive all imaging information (including location, modality and date) as our PACS office has to import to NUH. Histopathology and recent blood results are also essential.

Patient Demographics	
Name	
Date of Birth	
NHS Number	
Address	
Phone Number	
GP and Practice Address	

Referral Details			
Referring Organisation			
Referral Type	Choose an item.	Breach Date (If Applicable)	Click here to enter a date.
Referring Clinician			
Contact Details			
Is this a referral from a private healthcare provider?		Yes <input type="checkbox"/>	No <input type="checkbox"/>
Is the patient aware of the possibility of a cancer diagnosis?		Yes <input type="checkbox"/>	No <input type="checkbox"/>
Is the patient aware of the referral to MDT, and that NUH may contact them?		Yes <input type="checkbox"/>	No <input type="checkbox"/>

The following fields are key mandatory fields

Clinical Details	
Suspected Sarcoma Type	<input type="checkbox"/> Retroperitoneal / Abdominopelvic <input type="checkbox"/> Soft Tissue
If histology is GIST, is the case for:	
Registration Only <input type="checkbox"/>	Discussion (and referral into service where appropriate) <input type="checkbox"/>
Tumour Location	
Question for MDT	
Presenting Symptoms and Past Medical History	

Performance Status	<input type="checkbox"/> 0 – Able to perform all pre-disease activity without restriction <input type="checkbox"/> 1 – Ambulatory, and able to carry out work of a light or sedentary nature <input type="checkbox"/> 2 – Ambulatory and capable of self-care. Up and about more than half of waking hours <input type="checkbox"/> 3 – Capable of limited self-care. Confined to bed or chair more than half of waking hours <input type="checkbox"/> 4 – Completely disabled, cannot carry out any self-care, totally confined to bed or chair
Any Further Comments	

Diagnostics		
Imaging to Be Reviewed - Type, Date, Location		
Staging		
Pathology to Be Reviewed - Type, Date, Location		
Histological Diagnosis		
If the referral is post-resection of unexpected sarcoma or GIST, was complete macroscopic clearance gained at surgery? (ie. all visible disease removed)		Yes <input type="checkbox"/> No <input type="checkbox"/>
Have the histology samples been sent for review at NUH or UHL?		NUH <input type="checkbox"/> UHL <input type="checkbox"/> No <input type="checkbox"/>
Please attach copies of all relevant radiology and pathology reports		

Bloodwork		
Date of Blood Tests	Click here to enter a date.	
FBC	Haemoglobin	
	White Cell Count	
	Platelets	
Coag	Prothrombin Time	
	aPTT	
Is the patient on any anticoagulation medication? (Please specify)		

Please return completed forms, along with imaging and pathology reports and blood results, to

cancerdatateam@nuh.nhs.uk (internal NUH referrals),

OR

nuhnt.eastmidlandssarcomaservice@nhs.net (external sites)

MDT meetings run every Monday (except bank holidays) from 11am. The cut-off for additions is 2pm on the previous Thursday.