

Suspected Haematological Cancer – Referral Form

For patients who need to be seen within 2 weeks

Date of Referral			
Patient Name		Referring GP	
Patient Address		GP Address	
Patient Postcode		GP Postcode	
Date of Birth		Fax No.	
NHS No.		Surgery Tel No.	
Tel No.		Hospital No.	
Mobile No.		Please check that the patient's phone numbers are correct	

- Confirm that your patient understands that they have been referred onto a "suspected cancer pathway"
- Confirm that your patient has received the [information leaflet](#)
- Confirm that your patient is available to attend an appointment within 2 weeks of this referral**

** If, after discussion, your patient chooses to **not** attend within 2 weeks, when will they be available?

Please tick any of the criteria listed below:

Abnormal blood test(s) suggestive of haematological cancer

For Acute Leukaemia make immediate referral by contacting the Haematologist on-call

- **Chronic Myeloid Leukaemia**
- **Chronic Lymphocytic Leukaemia** with Hb<10gms/l, Low platelets <100 and with the following symptoms; night sweats, tiredness and unexplained weight loss
- **Unexplained polycythaemia Hct >0.6 men or >0.56 women**

Myeloma with:

- Significant paraproteinaemia (IgG>20g/l, 1gA>10g/l) or presence of Bence-Jones Proteinuria - not Polyclonal Light chains or Immunoglobulins
- With any paraprotein with symptoms of back pain or bone pain, anaemia (Hb <10g/l), acute or deteriorating renal impairment
- Suggested by imaging and confirmed by paraproteinaemia or Bence-Jones Proteinuria

Lymphoma:

For enlarged lymph nodes with no other features, use the Suspected Malignant Lymph Nodes referral form

- Lymphadenopathy with abnormal FBC
- Splenomegaly and night sweats and unexplained weight loss

Any additional information: