Graphical user interface, text

Description automatically generated with medium confidence

**URGENT 2 WEEK WAIT REFERRAL FOR SUSPECTED BONE CANCER AND SUSPECTED SOFT TISSUE SARCOMA**

**These forms should only be used for suspected cancer and in conjunction with the NICE Referral Guidelines for suspected Cancer referral and Recognition June 2015**

[**https://www.nice.org.uk/guidance/ng12/chapter/1-Recommendations-organised-by-site-of-cancer**](https://www.nice.org.uk/guidance/ng12/chapter/1-Recommendations-organised-by-site-of-cancer)

**For suspected sarcoma of the Head and Neck, Breast or Intra-abdominal regions, please refer to the Queen Elizabeth Hospital Birmingham. Please see website** [**https://www.uhb.nhs.uk/gp-referral-forms.htm**](https://www.uhb.nhs.uk/gp-referral-forms.htm)

**On full completion of this form, please email to** [**ROHOncology.referrals@nhs.net**](mailto:ROHOncology.referrals@nhs.net)

**Please note incomplete referrals will not be accepted. Please also include a copy of the GP Summary Record**

|  |  |  |
| --- | --- | --- |
| **Patient Details**  **Name**  **Date of Birth**  **Age**  **Gender**  **Address**  **Telephone Number**  **Mobile Number**  **NHS Number**  **Interpreter Required Y/N**  **Main Language** | | **GP Details**  **Practice Name**  **Practice Address**  **Telephone**  **Contact Email**  **Date of Decision to Refer**  **Date of Referral**  **Referring GP** |
|  | | |
| **Suspected Soft Tissue Sarcoma**  **Suspected Bone Sarcoma**  **Site:** | **Imaging performed (Tick all relevant)**  **X-RAY Bone Scan Ultrasound MRI CT PET**  **Other (please state)**  **Where was the imaging performed?** | |
| **Please ensure all relevant imaging is sent with this referral, along with the report. Failure to do so will delay the patient’s pathway.** | | |
| **GP Summary Care Record Required -** medical history, examination, allergy, medications) | | |