

**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**

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

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| **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** |
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| **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) |