the london sarcoma service

University College London Hospitals NHS Foundation Trust | Royal National Orthopaedic Hospital NHS Trust

SUPRAREGIONAL CENTRE FOR THE TREATMENT OF PRIMARY BONE & SOFT TISSUE TUMOURS

Hospital Referral of Suspected or Diagnosed Bone or Soft Tissue Sarcoma to UCH

Referring Consultant: _____ **Cons secretary Phone no:** _____

Referring Hospital: _____ **Cons secretary Fax no:** _____

Date of Referral: _____ **Cons secretary Email:** _____

Form submitted by:	**Contact Number:**

PATIENT DETAILS

Name_____ Sex: M/F

NHS No. _____

Date of Birth _____Address _____

_____

_____ Postcode_____

Telephone _____

Mobile number _____

GP DETAILS

Name of GP_____

Address _____

_____

_____

_____ Postcode_____

Telephone _____

Fax number _____

PATIENT INFORMATION:

Is the patient? (please tick)

☐ An Outpatient

☐ An Inpatient

Was patient an **URGENT GP CANCER REFERRAL?** ☐

Please provide Cancer Waiting Time information in referral letter/inter-trust referral form

Please state ward name and telephone number:

_____

Is the patient aware of this referral? (please tick) Yes ☐ No ☐

PLEASE FAX/EMAIL THIS REFERRAL FORM ALONG WITH THE FOLLOWING:

(please tick)

☐ Referral Letter (on headed paper & outlining clinical details)

☐ Previous history of cancer? (include details in referral letter)

☐ Imaging and Reports: Via IEP? ☐ Via CD? ☐

☐ Histology Reports

Sarcoma MDT Coordinator
Cancer Services, 1st Floor Central
UCLH NHS Foundation Trust
250 Euston Road, London, NW1 2PG
Tel: 020 3447 4821
ucl-tr.LondonSarcomaService@nhs.net

Please note that we will <u>not</u> be able to fully process incomplete referrals and this may <u>delay</u> treatment. You will receive a fax/email confirming receipt of referral

If courier is being used to bring imaging please ask courier to come to reception at 250 Euston Road and call extension 74821

UCLH use: Date referral received _____Date imaging received _____