

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: _____
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**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

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

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

An Inpatient

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 Fax: 020 3447 9536 <a href="mailto:ucl-tr.LondonSarcomaService@nhs.net">ucl-tr.LondonSarcomaService@nhs.net</a>
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Please note that we will **not** be able to fully process incomplete referrals and this may **delay** 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 \_\_\_\_\_