



Tertiary Referral of Suspected Bone or Soft Tissue Sarcoma

Name of Referrer _____

Date of Referral _____

Referring Hospital _____

Referrer's Phone No _____

PATIENT DETAILS
Name _____
NHS Number _____
Date of Birth _____
Address _____ _____
_____ Postcode _____
Phone number _____
Mobile number _____

GP DETAILS
Name of GP _____
Address _____ _____ _____
Postcode _____
Telephone _____

Is the patient? An Outpatient If ticked, was patient an **URGENT GP CANCER REFERRAL?**
 Please provide Cancer Waiting Time information in referral letter

An Inpatient If ticked please state Ward _____

PLEASE FAX THIS REFERRAL PROFORMA ALONG WITH A LETTER OUTLINING THE CLINICAL DETAILS TO 0207 380 9128

Does patient have a previous history of cancer? – please include details

PLEASE SEND ALL RELEVANT IMAGING (EITHER HARD COPY OR CD WITH IMAGE VIEWING SOFTWARE), RADIOLOGY AND PATHOLGY REPORTS TO:

Maria Jose
 Sarcoma MDT Coordinator
 Cancer Services, 3rd Floor West
 UCLH NHS Foundation Trust
 250 Euston Road
 London, NW1 2PG

If you wish to confirm receipt of fax and / or imaging please phone 0845 155 5000 extension 4821
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If courier being used to bring imaging please ask courier to come to reception at 250 Euston Road, and call Maria Jose on extension 4821.

PLEASE TICK TO INDICATE THAT IMAGING HAS BEEN / IS BEING SENT

UCH use: Date Fax received _____ Date imaging received _____