

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

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

Maria Jose, 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
ucl-tr.LondonSarcomaService@nhs.net

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 Maria Jose on extension 74821**

UCLH use: Date referral received _____ Date imaging received _____