

**PAN LONDON & SOUTH EAST SARCOMA NETWORK REFERRAL FORM**  
**(FOR SUSPECTED SOFT TISSUE SARCOMA IN CHILDREN PLEASE USE THE PAN LONDON**  
**SUSPECTED CHILDRENS CANCER REFERRAL FORM)**

Press the <Ctrl> key while you click here to view the Pan London Suspected Cancer Referral Support Guide

REFERRAL DATE:

E-referral is the preferred booking method for suspected cancer referrals.  
 If this is not available please email the referral.  
 Fax is no longer supported due to patient safety and confidentiality risks.  
 All referrals should be made within 24 hours.

Press the <Ctrl> key while you click here to view the list of hospitals you can refer to

Copy the hospital details from the webpage and paste them onto the line below.

- SOFT TISSUE (All tumour sites) **Royal Marsden Hospital**  
<http://www.lsesn.nhs.uk/files/contact-details.docx>
- SOFT TISSUE & BONE (Limb & trunk) **Royal National Orthopaedic Hospital**  
<http://www.lsesn.nhs.uk/files/contact-details.docx>
- SOFT TISSUE (Non-limb/trunk: e.g. head & neck, retroperitoneal, abdominal, urology, breast, skin etc.) **University College London Hospital**  
<http://www.lsesn.nhs.uk/files/contact-details.docx>

**PATIENT DETAILS**


SURNAME:  FIRST NAME:  TITLE:




GENDER:  DOB:  AGE:  NHS NO:

ETHNICITY:  LANGUAGE:


INTERPRETER REQUIRED  TRANSPORT REQUIRED

PATIENT ADDRESS:  POSTCODE:

DAYTIME CONTACT :

HOME :  MOBILE :  WORK :  EMAIL:

**CARER/KEY WORKER DETAILS**

NAME:  CONTACT :  RELATIONSHIP TO PATIENT:

**COGNITIVE, SENSORY OR MOBILITY IMPAIRMENT**



COGNITIVE  SENSORY  MOBILITY  DISABLED ACCESS REQUIRED

PLEASE INCLUDE RELEVANT DETAILS:

**SAFEGUARDING**

SAFEGUARDING CONCERNS

PLEASE INCLUDE RELEVANT DETAILS:

<b>GP DETAILS</b>	
USUAL GP NAME:	<input type="text"/>
PRACTICE NAME:	<input type="text"/> PRACTICE CODE: <input type="text"/>
PRACTICE ADDRESS:	<input type="text"/>
BYPASS  :	<input type="text"/>
MAIN  :	<input type="text"/> FAX: <input type="text"/> EMAIL: <input type="text"/>
REFERRING CLINICIAN:	<input type="text"/>

**Please do not refer the following benign conditions using the Sarcoma 2WW form:**

- |  |   |
|--|---|
| • Subcutaneous lipomas   | • Fibromas  |
| • Sebaceous cysts/epidermoid cyst  | • Normal variant anatomy                                |
| • Ganglions  | • Lymphangiomas/haemangiomas/all vascular malformations |
| • Giant cell tumours of the tendon sheath                                | • chest wall/rib asymmetry                              |
| • Pigmented villonodular synovitis (PVNS) of a joint                     | • Tenosynovitis of the wrist (for wrist mass)           |
| • Post-traumatic or inflammatory phenomena such as fat necrosis, abscess | • Sternoclavicular joint degeneration                   |

**REASON FOR SUSPECTED CANCER REFERRAL**

Press the <Ctrl> key while you click here to view Pan London Suspected Sarcoma Referral Guide

If you suspect sarcoma please complete ONE of the sections on this form.

1. SOFT TISSUE SARCOMA IN ADULTS: complete the section on this page (below)
2. PRIMARY BONE SARCOMA IN CHILDREN AND ADULTS: complete the section on the next page

**SUSPECTED SOFT TISSUE SARCOMA IN ADULTS**

**ALL SUSPECTED SOFT TISSUE SARCOMA IN CHILDREN SHOULD BE REFERRED TO THE LOCAL PAEDIATRIC SERVICE USING THE PAN LONDON SUSPECTED CHILDRENS CANCER REFERRAL FORM.**

Press the <Ctrl> key while you click here to view Pan London Suspected Children’s Cancer Referral Guide

Specific body site:

- Refer the patient with a soft tissue mass to a Sarcoma Diagnostic Service with an up-to-date Ultrasound or MRI which suggests soft tissue sarcoma
- I do not have urgent direct access to ultrasound or MRI and there is a high clinical suspicion of cancer.
- Recurrence following excision (please specify):

Referral is due to **CLINICAL CONCERNS** that do not meet NICE/Pan-London referral criteria.

The GP **MUST** give full clinical details in the ‘additional clinical information’ box at the time of referral and **WE STRONGLY ADVISE YOU TO DISCUSS PATIENTS WHO HAVE NO PRIOR IMAGING WITH THE SARCOMA CENTRE BEFORE REFERRAL.**

Press the <Ctrl> key while you click here for contact details

**SUSPECTED PRIMARY BONE SARCOMA IN CHILDREN AND ADULTS**

Specific body site:

Refer the patient to a Sarcoma Diagnostic Service with an x-ray that is suspicious and showing the following features:

- Spontaneous fracture
- Bone destruction
- New bone formation
- Periosteal elevation

Normal or equivocal x-ray but high clinical suspicion of bone sarcoma

Bone swelling or tenderness

Bone pain (including night pain and pain not responding to simple analgesia)

Referral is due to **CLINICAL CONCERNS** that do not meet NICE/Pan-London referral criteria.

The GP **MUST** give full clinical details in the 'additional clinical information' box at time of referral.

**IMAGING INVESTIGATIONS (please attach or send with form)**

Investigation	Location of imaging department	Date of investigation
<input type="checkbox"/> X-RAY	<input type="text"/>	<input type="text"/>
<input type="checkbox"/> USS	<input type="text"/>	<input type="text"/>
<input type="checkbox"/> CT	<input type="text"/>	<input type="text"/>
<input type="checkbox"/> MRI	<input type="text"/>	<input type="text"/>

Additional clinical information:

Personal/relevant patient information:

Past history of cancer:

Relevant family history of cancer:

- I have discussed the possible diagnosis of cancer with the patient
- The patient has been advised and confirmed they will be available for an appointment within the next two weeks
- I have counselled the patient regarding the referral process and offered the pan-London information leaflet. Offering written patient information increases patient experience and reduces non-attendance. These are available in 11 different languages.  
Press the <Ctrl> key while you click here to view the leaflet [here](#)
- This patient has been added to the practice suspected cancer safety-netting system  
Press the <Ctrl> key while you click here to view Pan London Practice-based Suspected Cancer Safety Netting System [here](#)

## INVESTIGATIONS

Please ensure this referral includes ALL the relevant investigations including blood tests and imaging. If there are any pending test results that you have organised at the time of this referral please provide information including TYPE OF INVESTIGATION requested (bloods, imaging) and TRUST performing the tests in the box below.

**HISTOLOGY REPORTS** Please include date:  and location of laboratory:

**IMAGING STUDIES (in past 3 months)** Please include date:  and location:

**RENAL FUNCTION (most recent recorded in past 3 months)**

**MEDICAL HISTORY**

**ALLERGIES**

**MEDICATION**