

Rapid Access Haematology Patient Referral Form



Confidential

For pre-referral advice from a Haematologist, please complete **Part A** only

Part A: Referring GP Information

Name:	
Practice Address:	
GMC number:	
Telephone number:	
Email:	

Part B: Patient information

GenesisCare number: (if relevant)		NHS number:			
Salutation: (eg. Mr, Mrs)		Date of birth:			
Surname:					
First name:					
Telephone number:					
Home address:					
Self-pay / insured:		Insurer:		Expiry date:	

Reason for referral

Excess light chains and / or finding of paraprotein	
Enlarged lymph node present for > 4 weeks with the following excluded: EBV, CMV, HIV, toxoplasmosis	
Raised lymphocyte count present on repeat testing	
Persistently raised platelet count in the absence of an underlying infection or inflammatory disorder	
Persistently raised neutrophil count in the absence of underlying infection or inflammatory disorder (note: smoking is a frequent cause of mild persistent neutrophilia)	
Persistent fever with no other cause found, persistent drenching night sweats or unexpected weight loss	
Splenomegaly in the absence of liver disease	
Pancytopenia	
Other cytopenias which are persistent and / or progressive (note: ethnic neutropenia is a common cause of mild neutropenia in people from African descent)	
Anaemia	
Clinical narrative:	
Current medication list attached	Blood test results attached
Please confirm the patient has been told they have a suspected haematological malignancy	
Relevant past medical history:	

Click here to send completed form to haematology.referrals@genesiscare.co.uk

For all other enquiries please call 01865 237 700. GenesisCare, Sandy Lane West, Peters Way, Oxford, OX4 6LB.