Rapid Access Haematology Patient Referral Form – Milton Keynes



Confidential

For pre-referral advice from a Haematologist, please complete $\operatorname{\textbf{Part}} \mathbf{A}$ only

lame:			GMC number:		
Telephone number:		Email:			
Practice address:					
	,				
Part B: Patient in	nformation				
GenesisCare numbe	er: (if relevant)		NHS number:		
Salutation: (eg. Mr, Mrs)			Date of birth:	Date of birth:	
Surname:			First name:	First name:	
Telephone number:				·	
Home address:					
Self-pay/insured:		Insurer:		Expiry date:	
		paraprotein	Raised Ferritin w		sferrin
Reason for refer	ral				
Reason for references light chains of		paraprotein	Raised Ferritin w		sferrin
Excess light chains of Enlarged lymph noo	and/or finding of p	veeks with		mochromatosis	
Excess light chains	and/or finding of p de present for > 4 v ded: EBV, CMV, HIV	veeks with , toxoplasmosis	saturation – Hae	mochromatosis	
Excess light chains of Enlarged lymph noo the following exclud	and/or finding of p de present for > 4 v ded: EBV, CMV, HIV count present on r	veeks with toxoplasmosis epeat testing absence of	saturation – Hae Raised Venous H	mochromatosis	
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Excess light chains of Enlarged lymph noo the following excluding a second property of the following excluding the following infection of the following infe	and/or finding of p de present for > 4 v ded: EBV, CMV, HIV count present on r blatelet count in the tion or inflammato neutrophil count in a or inflammatory of nt cause of mild pe	veeks with toxoplasmosis repeat testing e absence of ry disorder the absence of disorder (note: ersistent neutrophilia) ound, persistent	Raised Venous H Anaemia Iron deficiency	mochromatosis aematocrit/Poly	cythaemia
Excess light chains of the following excluding the following excluding excluding excluding the following excluding excluding the following infection and erlying infection in the following is a frequency existent fever with drenching night sweets	and/or finding of page 2 de present for > 4 volded: EBV, CMV, HIV, count present on replatelet count in the tion or inflammato and count in a or inflammatory of the cause of mild persent on other cause for eats or unexpected.	veeks with toxoplasmosis epeat testing e absence of ry disorder the absence of disorder (note: ersistent neutrophilia) bund, persistent d weight loss	Raised Venous House Anaemia Iron deficiency B12 deficiency	mochromatosis aematocrit/Poly ising, unusual ble	cythaemia
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 ${\it Click here to send completed form to } {\it haematology.referralsMK@genesiscare.co.uk}$

Please confirm the patient has been told they have a suspected haematological malignancy

For all other enquiries please call 01908 467 700. The Pavilion, Sunrise Pkwy, Linford Wood, East, Milton Keynes MK14 6LS.

Please remember to take care when sending patient confidential data; emails containing referral information must be sent securely/encrypted to avoid a data breach. Refer to your organisation's email policy.

Relevant past medical history: