Rapid Access Haematology Patient Referral Form – Oxford

Part A: Referring GP Information

Confidential



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

Name:						
Practice Address:						
GMC number:						
Telephone number:						
Email:						
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Part B: Patient in	formation					
GenesisCare number: (if relevant)			NHS number:			
Salutation: (eg. Mr, N	Mrs)	Date of birth:				
Surname:				1		
First name:						
Telephone number:						
Home address:						
	'					
0.16 /: 1		Insurer:		Expiry date	e:	
Self-pay / insurea:						
Reason for referr		paraprotein				
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Reason for referr Excess light chains o Enlarged lymph nod	and / or finding of e present for > 4 v	veeks with the following	excluded: EBV, CMV, I	HIV, toxopla	smosis	
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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.

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