University Hospitals Birmingham

Testicular MDT Referral Proforma

Patient Name:	QEHB/NHS Number:	D.O.B:				
Patient Address:	Patient Tel No:	GP:				
	Referring Consultant:	CNS:				
Referring Hospital:	Referrer phone number:					
Referrer Email:						
Referral to QEHB Consultant: No Ye	s Name:					
Clinical Details (presentation):						
Performance Status:		BMI:				
Significant Comorbidities:						
Question for MDT						
LICC Datas Depart attached Images requested						

USS Date:	Report attached	1	Images requested			
Pre-op tumour marke	rs Date:	AFP:	HCG:	LDH:	Report attached	
Orchidectomy Date:						
Histology Result: Da	te:		Report attached	Slides transferred		
CT chest abdomen and pelvis: Date:		Report attached	Images transferred			
Post-op tumour marke	ers Date (if availabl	e):	AFP:	HCG:	LDH:	
Report attached						
Referrals will only be accepted on receipt of the minimum data set* with confirmation that arrangements have been made for images and histopathology slides to be sent.						
Date patient agreed to transfer to UHB: Send completed referral form to: <u>UrologyMDTRequest@uhb.nhs.uk</u> & <u>uhbtesticularcns@uhb.nhs.uk</u> Please note cut off time for inclusion in MDT is Wednesday 12:00.						
Urgent verbal referrals are appropriate if patients present:						
 Unwell 2. Multiple lung mets 3. AFP >1000ng/ml 4. HCG > 5000iu/ml Renal obstruction 6: Mediastinal primary 7. Non-pulmonary visceral metastases. 						
Urgent referrals should be made to:						

Mon to Fri 0900-1500 Testicular CNS Team 07789 932836 or Dr Grumett's registrar via switch 0121 371 2000. Out of hours oncology registrar on-call via switch 0121 371 2000. Patients will only be discussed at MDT when images and histology slides have been received. Incomplete or delayed referrals will result in delays to the patient pathway and/or window to receive adjuvant chemotherapy. *minimum data set: Pro forma and/or letter, IPT, histology and CT report.