Building healthier lives

NHS
University Hospitals Birmingham
NHS Foundation Trust

URO-ONCOLOGY MDT Referral Proforma – TESTICULAR

Patient Name:	QEHB/NHS Number:	D.O.B:
Patient Address:	Patient Tel No:	GP:
Referring Hospital:	Referring Consultant:	CNS:
Referrer Email:	Referrer phone number:	
Referral to QEHB Consultant: Yes No	Name:	
CWT TARGET DATE:	2WW UPGRADE	

Clinical Details: (Include prior treatment, radiology, histology and PMH):

Performance Status: BMI:

Significant Comorbidities:

Question for MDT:

Is referral for treatment: or MDT discussion only:

DIAGNOSIS: DATE:

ORCHIDECTOMY:	Location:	Date:
HISTOLOGY:	Location:	Date:
USS:	Location:	Date:
CT SCAN – Chest/abdo/pelvis:	Location:	Date:

Ensure all histology slides/reports and imaging films/reports are sent with the referral.

Pre-op Tumour Markers:	Location:	Date:

AFP: HCG:

Date Patient agreed to transfer to QEHB:

Send completed referral form to UrologyMDTRequest@uhb.nhs.uk

Please note cut off time for inclusion in MDT is Wednesday 12:00hrs

URGENT VERBAL REFERRALS ARE APPROPRIATE IF THE PATIENTS ARE:

1. **Unwell**
2. **Have multiple lung metastasis**
3. **Have AFP >1,000 ng/ml**
4. **Or HCG >5,000 iu/ml**
5. **Renal obstruction**

A telephone referral should be made to:
Dr Porfiri's registrar via switch 0121 627 2000 or Paul Hutton CNS on 0121 371 4509 / 07789 932 836

Incomplete forms will result in delays to the patient pathway. Referral will be accepted when all essential information is received.