St. James's Hospital HOPe Directorate Stem Cell Transplant Unit

Patient Referral Form for Stem Cell Transplantation to Myeloma Team

Document Number	MF-SCT-0011	**Revision Number**	1	**Effective Date**	14th November 2019
Owner:	Peig Carroll			**Approved by:**	Patrick Hayden

Patient Details	
Patient Name:	**Date of Birth:**
Address:	**Contact Telephone Number:**
First Language:	**Interpreter Required:** **Yes** ☐ **No** ☐
Gender:	**Male** **Female**

General Practitioner Details
Name:
Address:

Referral Date:	**Referring Centre:**	**Referring Consultant:**
Reason for Referral:		
Diagnosis:		**Date of Diagnosis:**

Referral for the Attention of: (Please tick box)		
Professor Paul Browne ☐	**Dr Patrick Hayden** ☐	**No Preference** ☐

Diagnostic Presentation	
Clinical Presentation	

Blood Count:	**Hb:**	**WCC:**	**Plts:**
Diagnosis			

Paraprotein/Urinary Protein:	**Albumin:**	**B2M:**	**Creatinine:**

Please Complete the Sections Below Relevant to the Patient, and Attach Copies of Reports with the Completed Referral Form

Diagnostic Tissues:	**Date:**	**Hospital where biopsy stored:**	**Result:**
Bone Marrow Aspirate			
Bone Marrow Trephine			
Other Tissue			

FISH Cytogenetics	**Centre where test completed:**	**Date:**	**Result:**

Imaging at Diagnosis	**Date:**	**Hospital where radiology performed:**	**Result:**
PET			
CT			
MRI			
Other			

Treatment to Date:	**Regimen:**	**Start Date of Treatment:**	**End Date of Treatment:**	**Response to Treatment:**

Centre where Radiation provided and Name of Radiation Consultant	**Site and dose**	**Start Date of Treatment**	**End Date of Treatment**	**Response**

Treated-related complications

Medical History	
Medical History	
History of infections including resistant organisms	

Medications

Allergies

Social History

Family History

Please save and send the completed referral form and accompanying reports by email to the address below;
sctransplant@healthmail.ie

Thank you for completing this form, the information required is for efficient triage and appropriate assessment.