



## **GYNAECOLOGICAL ONCOLOGY REFERRAL FORM**

(Mandatory fields in BOLD)

Patient Details	Referring team
First Name:	Consultant / specialty / hospital:
Surname:	Best contact (name / number):
Referring Hospital MRN:	Date of referral:
DOB:	Logistics
Age:	First language:
Tel / mob:	Interpreter required:
Address:	Additional needs: Wheelchair user Intellectual disability Hearing impaired Visually impaired

Referral details
Is the patient aware of suspected / diagnosed cancer?
If not, date they will be informed:
Summary of symptoms and investigations to date





Background History		
Medical co-morbidities:		
Surgical History:		
Medications:		
Family History of malignar		
railing history of manghar	icy:	
Allergies:		Anti-coagulation:
	Γ	
Weight:	BMI:	Smoking History:
		<u> </u>
FCOC Deuferment state		
ECOG Performance statu	15:	
0 – Fully active; no perform	nance restrictions.	
1 - Strenuous physical activity restricted; fully ambulatory and able to carry out light work.		
2 - Capable of all self-care but unable to carry out any work activities. Up and about >50% of waking		
hours.		
3 - Capable of only limited self-care; confined to bed or chair >50% of waking hours.		

Risk of Malignancy In (M x U x Ca125)	dex:		X	Х	=	
RMI score of >200 should prompt referral to gynaecological oncology centre.						
Menopausal status:	Premenopausal: M=1 Postmenopausal: M = 3					
Ultrasound score*:	No features: I	No features: U= 0				
	One feature:	One feature: U= 1				
	Two or more features: U=3					
Ca 125 (U/ml) value:	) value: Numerical value					
*Ultrasound features include: Multiloculated, solid areas, bilateral lesions, ascites, metastases						

4 - Completely disabled; cannot carry out any self-care; totally confined to bed or chair.





Suspected Cancer Sites and	d Referral Requirements			
Uterine	Ovary			
Histology	Tumour markers	Tumour markers		
MRI Pelvis	MRI Pelvis (mandatory for any RMI <200)			
СТ ТАР	CT TAP (mandatory for RMI >200 or st	CT TAP (mandatory for RMI >200 or strong clinical/radiological suspicion of cancer)		
	Histology			
	Renal function report	Renal function report		
Cervix	Vulva/Vagina	GTD		
Histology	Histology	CT TAP		
MRI Pelvis	MRI	Histology		
PET CT*	PET CT*			
Renal function report	Renal function			
*PET will be arranged in by G *Bold = Mandatory	ynae. Onc team in SJH if not av	ailable in referring hospital.		

Ovarian Tumour markers:	If under 40 years old:
Ca 125	AFP
CEA	BHCG
Ca 19.9	LDH

Further information relevant to referral:		

Please return typed referral form to <a href="mailto:gynaecancercare@stjames.ie">gynaecancercare@stjames.ie</a>, handwritten forms will not be accepted.

All referrals with histology and radiology must have the official reports attached with date and location.

If the radiology is not available on NIMIS, CDs must be posted to Gynae MDT Co-ordinator, St James's Hospital, James's Street, Dublin, D08NHY1