



St. James's Hospital HOPE Directorate
Patient Referral Form for Lymphoma MDT

Document Number	MF-SCT-0012	Revision Number	2	Effective Date	13 th February 2020
Owner:	Quality Manager			Approved by:	Prof E. Vandenberghe

Patient Details	
Patient Name: Address:	Date of Birth:
General Practitioner Details	
Name:	
Address:	

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

Referral for the Attention of:		
Dr Larry Bacon <input type="checkbox"/>	Dr Cliona Grant <input type="checkbox"/>	Professor Elisabeth Vandenberghe <input type="checkbox"/>
Dr Patricia Daly <input type="checkbox"/>	Dr Charles Gilham <input type="checkbox"/>	No Preference <input type="checkbox"/>

Please state Date you wish Patient to be Presented: (referring doctor should be available to present patient details)			
Day:		Month:	
		Year:	
Please Attach Copies of Reports to the Completed Referral Form <i>(BMA & Trephine plus pathology samples may be requested for individual patients)</i>			
Diagnostic Tissue:	Date:	Hospital where biopsy stored:	Result:
Bone Marrow Aspirate			
Bone Marrow Trephine			
Lymph Node Biopsies			
Cerebrospinal Fluid			
Other			

Tissue Samples at Relapse/ Refractory	Date:	Hospital where biopsy stored:	Result:
Bone Marrow Aspirate			
Bone Marrow Trephine			
Lymph Node Biopsies			
Cerebrospinal fluid			
Other			

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

*Imaging at Relapse/ Refractory	Date(s):	Hospital where radiology performed:	Result(s):
PET(s)			
CT(s)			
MRI (s)			
Other			

* If the hospital is not on NIMIS please send CD of images and a copy of this referral form to the [address below](#);
MDT Coordinators, Cancer Clinical Trials Offices, HOPE Directorate, St James's Hospital, Dublin 8

Centre where Radiation was provided and the name of Radiation Consultant:	Site and dose of radiation:	Start Date of Treatment:	End Date of Treatment:	Response:

Please save and send the completed referral form by email to the address below;
lymphomaMDT@stjames.ie