



## **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:		
Weulcations.		
Family History of malignar	icv:	
, , , ,		
Allergies:		Anti-coagulation:
Weight:	BMI:	Smoking History:

ECOG Performance status:		
0 – Fully active; no performance 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.		
4 - Completely disabled; cannot carry out any self-care; totally confined to bed or chair.		

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





Suspected Cancer Sites and	d Referral Requirements		
Uterine	Ovary		
Histology	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	СТ ТАР	
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	vailable 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 <u>gynaecancercare@stjames.ie</u>, 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