

Suspected Gynaecological Cancer – Referral Form



If your patient does not meet any of the NICE defined USC criteria please liaise (by phone or Advice and Guidance) with a specialist or send them in as an urgent referral. Please do not annotate USC forms with your own criteria.

Please create and process referral request via Gateway

Patient Awareness

Confirm that your patient understands that they have been referred onto a “suspected cancer pathway”:	Yes <input type="checkbox"/> No <input type="checkbox"/>
Confirm that your patient has received the <u>information leaflet</u> :	Yes <input type="checkbox"/> No <input type="checkbox"/>
Confirm that your patient is available to attend an appointment within 2 weeks of this referral:	Yes <input type="checkbox"/> No <input type="checkbox"/>
If, after discussion, your patient chooses to not attend within 2 weeks, when will they be available: <input type="text"/>	

Condition Details (tick appropriate boxes)

PMB is bleeding more than 12 months after cessation of regular periods:	
Any Age PMB and suspicious ultrasound scan	<input type="checkbox"/>
Any age PMB continuing 6 weeks after stopping HRT or the removal of coil and suspicious ultrasound scan	<input type="checkbox"/>
Any age PMB and taking Tamoxifen (no scan needed)	<input type="checkbox"/>
Any age PMB after a normal ultrasound scan which is recurrent and unexplained	<input type="checkbox"/>
Suspicious pelvic mass found on ultrasound scan <i>(Insert below serum CA125 here if recently requested or confirm this has been requested)</i>	<input type="checkbox"/>
CA125 Value	<input type="text"/>
CA125 Requested	<input type="checkbox"/>
Suspicious lesion of cervix on speculum examination	<input type="checkbox"/>
Suspicious lesion of vagina on speculum examination	<input type="checkbox"/>
Suspicious lesion of vulva	<input type="checkbox"/>
High suspicion of ovarian cancer <i>(Insert CA125 below and request USS)</i>	
CA125 Value	<input type="checkbox"/>
Ultrasound scan requested	<input type="text"/>
I can confirm I have performed an abdominal and pelvic assesment	Yes <input type="checkbox"/> No <input type="checkbox"/>
I have a full scan report attached (ensure image are transferred to hospital radiology department)	Yes <input type="checkbox"/> No <input type="checkbox"/>