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| Patient Details Name: MANDATORY FIELD Date of birth: MANDATORY FIELDUHS number: Click here to enter UHS numberNHS number: MANDATORY FIELDPatient telephone no: MANDATORY FIELDCarer/other telephone no: Click here to enterInter-Provider Transfer Form: MANDATORY FIELD | Referrer Details:Referring Trust: MANDATORY FIELD [if other specify here]Name: Click here to enter Referrer NameJob title: Click here to enterReferring Trust Consultant: MANDATORY FIELDReferrer Contact details:Telephone: Click here to enterE-mail: MANDATORY FIELDFax: Click here to enterDate of referral: MANDATORY FIELD |

**N.B. All non-UHS referrals MUST be accompanied by an Inter-Provider Transfer Form**

**AND 62 day CWT pathway target date details\***

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| **CORE ELIGIBILITY CRITERIA [**Please note: Lung METASTASES are currently ineligible for SABR at UHS] |
| Referring Lung Cancer MDT diagnosis of **PRIMARY** lung cancer | MANDATORY FIELD |
| Clinical stage T1-3 (<5cm) N0 M0 based on CT and PET imaging | MANDATORY FIELD |
| Not suitable for surgical resection due to:  | MANDATORY FIELDComments/ details |
| Peripheral lesions outside a 2cm radius of main airways and proximal bronchial tree (“no fly zone”) | MANDATORY FIELD |
| Absence of significant interstitial lung disease | MANDATORY FIELD |

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| **IMAGING [Images must be sent electronically to UHS PACS and Reports sent with this referral]** |
| Regional Sectra PACS: MANDATORY FIELD | Choose a local shared Sectra PACS server  |
| Other PACS: Choose YES or NOImages sent to UHS Confirm YES | If YES, give details here  |
| PET-CT (Mandatory): Date MANDATORY FIELD CT(s) Date(s): Click here to enter Other imaging: Date and Modality Click here to enter Comments: Click here to enter text. |

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| **CLINICAL DETAILS – to be assessed by referring clinical team** ***Please attach a recent clinic letter/ summary if available*** |
| Performance Status: MANDATORY FIELD |
| Current symptoms: Click here to enter details |
| Past medical history and significant comorbidity: Click here to enter details |

**Please complete Page 2 overleaf INCLUDING REFERRING LUNG MDT SECTION**

**Incomplete referrals will not be accepted**

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| Patient Name: Click here to enter Patient Name | Date of birth: Click here to enter DOB |
| **CLINICAL DETAILS (continued)**  |
| Smoking status: Choose smoking status Details: Click here to enter text. |
| Current medications: Click here to enter text. |
| Pulmonary Function Tests: Date: MANDATORY FIELD FEV1: MANDATORY FIELD L MANDATORY FIELD % TLco Click here to enter % Kco Click here to enter %  |
| Previous Radiotherapy | MANDATORY FIELD Choose RT Centre | Details: Click here to enter text |
| **PATIENT TRANSPORT DETAILS**  |
| Requires Hospital TransportAccompanying escort | MANDATORY FIELDChoose YES or NO  | Further details: Click here to enter text. |
| **OTHER REQUIREMENTS / COMMENTS** |
| Click here to enter text. |

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| **REFERRING LUNG MDT DISCUSSION**Date MANDATORY FIELD**Hospital:** MANDATORY FIELDDetails |  | **UHS USE ONLY: SABR GROUP DISCUSSION**Date: Click here to enter a date |
| **\*CWT 62 day target treatment date:** MANDATORY FIELD |  | **Confirm patient eligibility:** UHS USE ONLY |
| **TNM Staging:** MANDATORY FIELD |  | **Confirm SABR feasibility:** UHS USE ONLY |
| **Pathological diagnosis:** MANDATORY FIELDDetails: Click here to enter |  | **Outcome:** UHS USE ONLY: dose/fractionationUHS USE ONLY: UHS ConsultantUHS USE ONLY Comments |
| **MDT agree primary lung cancer:** MANDATORY FIELD |  |
| **Clinically appropriate:** Surgery MANDATORY FIELD SABR MANDATORY FIELD Ablation MANDATORY FIELD |  |
| **Thoracic surgeon at MDT:** MANDATORY FIELD |  |