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| **Sarcoma MDT Request Form – North Bristol NHS Trust** |

***PLEASE NOTE:*** If request form is not completed **fully** it will be returned for completion

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| Date of Request: |  |
| Patient’s name: |  |
| Date of birth: |  |
| NHS Number: |  |
| Referring doctor/GP & Hospital/GP surgery name: |  |
| Relevant patient history: |  |
| Performance status: |  |
| Is patient aware of this referral and potential diagnosis? |  |
| Resources for MDT discussion:   * USS (required) * MRI / CT / histology (if available)   Please advise on investigations’ **date and trust location where performed** |  |
| Question for Sarcoma MDT: |  |

***PLEASE NOTE:*** If request form is not completed fully it will be returned for completion and may delay discussion at MDT.

Please can you send it back to us via North Bristol NHS Trust account [cancerservices@nbt.nhs.uk](mailto:cancerservices@nbt.nhs.uk) with any attachments that you may think the MDT team will find useful, e.g.: referral letters

Please mark for the attention of Amy Dixon – 0117 4140427

The Sarcoma MDT is currently held every Tuesday and the deadline for all referrals is

10:30am on Friday.