

	Myeloma MDT Refer	ral Proforma	11115-111 43-1		
PART A - Referral	•				
Patient Identity Details					
NHS No:	Local Identifier:	Birth Date:			
Demographics					
Family Name:		Given Name:			
Patient Address:	Postcode:				
Gender:	Ethnicity:				
GP					
GP Surname:		GP First Name:			
GP Address:	GP Postcode:				
Referral	Guidance on how to complete the ACE	27 Score can be found on NSSG we	ebsite in Myeloma section.		
Referral Hospital:	Other:				
Patient Type:		NHS/non NHS?:			
Referral Date:		Referring Consultant:			
Provisional Diagnosis: If OTHER PLEASE SPECIFY.	OTHER				
Date of 1st Cancer Symptoms:	Adult Comorbidity Evaluation: 27 Score				
Performance Status: WHO Score:	ISS Sta	age: Ma	ayo Staging:		
Latest Laboratory Resu	ılts				
Hb:	Albumin Level:	Creatinine Le	vel: ou/u.		
Beta2-microglobulin:	Free Kappa:	Free Lamb			
K/L Ratio:	Serum-corrected Ca ²⁺ :	Paraprote			
LDH Levels:	BM PC percentage:				
Radiology & Pathology					
Skeletal Survey:					
CT/MRI:					
PET Results:					
Pathology:					
Clinical Details					

MDT to Review:	Imaging	Treatment	Radiotherapy	Pathology

PART B -	MDT Meeting						
Disc	ussion Date:	MDT Discussion Indicator:					
Cancer Care	e Plan Intent:	No Cancer Treatment Reason:					
Moni	toring Intent:		Referral Received Date:				
Key Work	er		Key Worker:				
	Holistic Needs Assessment:						
CNS Specialist Indication Code:							
Lab Repo	rt						
CD	138 FISH:						
IF ABNORMAL PL							
Immunophe	enotyping:						
Diagnosis							
Primary Dia	gnosis (ICD):		Date of Diagnosis (Clinical):				
Basis (of Diagnosis:		Morphology: (SNOMED)				
Treatmen	t						
PTTs may be	e patient. More tha			t be the same as the treatment which is s recorded and these may either be alterna			
	PTT:		PTT:	PTT:			
	PTT:		PTT:	PTT:			
Surgery and Other Proc		cedures		Cancer Treatment:			
Trials	Patient Trial	Status: (Cancer)		Cancer Clinical Trial: (TREATMENT TYPE)			
MDT Con	clusions						
Histology F	Review:						
Radiology F	Review:						
Treatment F	Plan:						