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| **AUTOGRAFT HAEMOPOIETIC STEM CELL TRANSPLANT REFERRAL PROFORMA (AUTOGRAFT)** |
| NHS No: Click here to enter text. | RQ6 Number: Click here to enter text. |
| First Name: Click here to enter text. | Surname: Click here to enter text. |
| DOB: Click here to enter a date. | Address: Click here to enter text. |
| Referring Clinician:Click here to enter text. | Referring Centre: Choose an item. |
| **DIAGNOSIS** |
| Date of Initial Diagnosis:Click here to enter a date. | Primary Disease Diagnosis:Click here to enter text. |
| Date of Last Evaluation:Click here to enter a date. | Disease Status:Choose an item. |
| Stage: Choose an item. | CT Scan Date: Click here to enter a date. |
| PET Scan Date: Click here to enter a date. | Bone Marrow Date: Click here to enter a date. |
| Additional Clinical Information: Click here to enter text. |
| Previous Treatment: Click here to enter text. |
| ***PLEASE SEND THIS FORM VIA NHS.NET TO*** ***ccf-tr.bmt.mdt@nhs.net*** ***FOR DISCUSSION AT MDT*** |
| Karnofsky Score: Choose an item. | ECOG Score: Choose an item. |
| **Comorbidity (MED-A 2015)** | **Definitions** |
| Solid Tumour, previously present: | Treated at any time in the patient’s past history, excluding non-melanoma skin cancer | Choose an item. |
| Inflammatory Bowel Disease: | Chron’s Disease or Ulcerative Colitis | Choose an item. |
| Rheumatologic | SLE, RA, Polymyositis, Mixed CTD, or Polymyalgia Rheumatica | Choose an item. |
| Infection: | Requiring continuation of anti-microbial treatment after Day 0 | Choose an item. |
| Diabetes: | Requiring treatment with insulin or oral hypoglycaemics but not diet alone | Choose an item. |
| Renal: Moderate/Severe: | Serum creatinine >2 mg/dl or >177 µmol on dyalisis, or prior renal transplantation | Choose an item. |
| Hepatic: Mild: | Chronic hepatitis, bilirubin between Upper limit Normal (ULN) and 1.5 ULN, or AST/ALT between ULN and 2.5 ULN | Choose an item. |
| Hepatic : Moderate/Severe: | Liver cirrhosis, bilirubin >1.5 x ULN or AST/ALT >2.5 x ULN | Choose an item. |
| Arrhythmia: | Atrial fibrillation or flutter, sick sinus syndrome, or ventricular arrhythmias | Choose an item. |
| Cardiac: | Coronary artery disease, congestive heart failure, myocardial infarction, EF < 50%, or shortening fraction in children (<28%) | Choose an item. |
| Cerebrovascular Disease | Transient ischemic attack or cerebrovascular accident | Choose an item. |
| Heart Valve Disease: | Except mitral valve collapse | Choose an item. |
| Pulmonary: moderate: | DLco and/or FEV1 66-80% or dyspnoea on slight activity | Choose an item. |

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| **Comorbidity (MED-A 2015)** | **Definitions** |
| Pulmonary: severe: | DLco and/or FEV 1< 65% or dyspnoea at rest or requiring oxygen | Choose an item. |
| Obesity: | Patients with a body mass index >35kg/m2 | Choose an item. |
| Peptic Ulcer: | Requiring Treatment | Choose an item. |
| Psychiatric Disturbance: | Depression or anxiety requiring psychiatric consultation or treatment | Choose an item. |
| Other Specify: | Click here to enter text. | Choose an item. |
| **SCHEDULING:**  3-6 MONTHS 🞏 <3 MONTHS 🞏  |
| Comments: Click here to enter text. |
| **PBSCH** |
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| PBSCH Date: Click here to enter a date. | PBSCH Yield: Click here to enter text. |
| Comments: Click here to enter text. |
| **SCT MDT REVIEW** |
| CXR | Click here to enter text. |
| ECG | Click here to enter text. |
| ECHO | Click here to enter text. |
| PFT  | FVCKCOcFEV1TLCOc | Click here to enter text.Click here to enter text.Click here to enter text. Click here to enter text. |
| EOT PET/CT/MRI  | Click here to enter text. |
| EOT Bone Marrow Aspirate/Trephine | Click here to enter text. |
| Other MDT Review Comments: Click here to enter text. |
| Conditioning Protocol: Choose an item. |
| **SCT MDT OUTCOME** |
| **DATE** | **DESCRIPTION** |
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| **SCT MDT OUTCOME** |
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