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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***](mailto: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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| 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 | FVC  KCOc  FEV1  TLCOc | 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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