Regional Skin MDM Referral Form

DEADLINE: Monday 14:00pm

Guidance

1. The Regional Skin MDT takes place 8.30am – 10.30am every Thursday.
2. Please note: For **Non Belfast Trust New Referrals,** you must inform your local Skin MDT Coordinator of the referral so the patient can be transferred to Belfast on the Cancer Patient Pathway System (CaPPS).

Discussion Date:			
Patient Name:		**Referring Trust:**	
Patient HCN:		**Referring Consultant:**	
Address:		**Presenting Clinician (Mandatory):**	
		Contact Number:	
DOB:		**Email:**	

This section is for registration cases only. Please complete **ALL** fields.

☐ **For registration only, Melanoma stage pT1(≤1.0mm Breslow depth)**		
Site:		
Date of diagnosis:		Biopsy No:
Date of wider excision:		Biopsy No:
Clinical margin of wider excision:		
Residual tumour:	Yes ☐ No ☐	
Pathology margins: (please include details if residual tumour)	Peripheral ☐ Deep ☐	
Named clinician for follow up:		

Please complete this section for all other referrals:

Type of MDT Referral:	☐ **Local MDT** ☐ **Regional / Specialist MDT Discussion** ☑ **Teleconference / Telelink**		
Diagnosis:		**If other, please specify**	
Site:		**Biopsy Date:**	
		Biopsy Number:	
Performance Status:		**Is patient immunosuppressed?**	**Yes ☐ No ☐**
TNM Stage:	**T** **N.** **M.** **Date of Staging**		

Clinical Summary

Question for MDT:	**Significant Co-morbidities:**

Reason for discussion (✓)

☐	**CT**	☐	**Plastics**	☐	**Management**
☐	**PET**	☐	**Medical Oncology**	☐	**Mohs**
☐	**MRI**	☐	**XRT**	☐	**SLNB**
☐	**Pathology**[1]	☐	**IMRT**	☐	**Other**

Submit form

[1] If review of pathology slides is required please contact the MDT pathologist, Dr Joe Houghton Joe.Houghton@belfasttrust.hscni.net directly to request this in advance.