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| **Referral Form****North England Thalassaemia & Rare Inherited Anaemias HCC MDT Meeting**  |
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| **Referral Criteria** |
| Patients of any age with any of the following: |
| 1. Cardiac T2\* < 10ms
2. Discrepancy with liver/cardiac T2\* MRI and adjustment of iron chelation
3. Chelation toxicity
4. Central line related thrombosis/complication
5. New onset of arrhythmias (or at increased risk)
6. All paediatric cases due to start combination iron chelation
7. Cardio-respiratory symptoms
8. A falling cardiac T2\*
9. Acute heart failure
10. Pregnancy and known iron loading
 | * Cardiac complications due to have surgery
* Fertility issues and known organ complications planning on starting a family
* Any Endocrine and bone complications for specialist input.
* Transfusion issue for discussion
* Hypersplenism and related complications
* Any other cases felt needing a discussing or learning that can be shared
* Paediatric/adult cases considered for haploidentical or matched unrelated donor transplantation
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| Cases for referral to National Panel: |
| * All splenectomy cases
 | * Complex cases if there is a learning that can be shared to the wider team.
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| **Name of patient:**  |  |
| **DOB (age):**  |  | **NHS Number** |  |
| **Responsible clinician**  |  |
| **Contact details/email** |  |
| **Patient’s SHT** |  |
| **Linked Hospital** |  |
| **Primary Diagnosis:** |  |
| **Co-morbidities** |  |
| **Current Treatment(s)**  |  |
| **History:** |  |
| **Points for discussion**: |  |
| **Any other information:***Scans & specialist investigations received (Cardiac T2\* ferriscan, TCD result, MRI/A, other imaging)* |  |