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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 | | |
| 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)* |  | | | |