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| **Referral Form**  **North-West England Sickle Cell HCC MDT Meeting** | | | | |
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| **Referral Criteria** | | | | |
| Patients of any age with any 1 of the following: | | | | |
| 1. Recurrent admissions (>5 in last 12 months) 2. Recurrent vaso-occlusive crises including chest syndrome 3. New stroke, new silent infarct, new AVN 4. Any emergency exchange 5. Consideration of Crizanlizumab/other new treatments 6. Consideration of BMT 7. Consideration of regular transfusions or exchange except for CNS risk 8. Requiring major surgery | | * Haemolytic transfusion reactions including hyperhaemolysis * New significant end organ damage * Chronic / complex pain issues * Complex pregnancies * Any other complex cases * HLI’s/SI’s for reporting * Mortality review | | |
| Cases for referral to National Panel: | | | | |
| * Patients under consideration of HSCT | | * Patients for consideration of new therapies | | |
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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)* |  | | | |