

# Suspected Gynaecological Cancer – Referral Form



This form should be submitted via the Referral Support Service

## Condition Details (tick appropriate boxes)

PMB is bleeding more than 12 months after cessation of regular periods:	
Age ≥55 PMB and suspicious ultrasound scan	<input type="checkbox"/>
Age <55 PMB and suspicious ultrasound scan (only request a scan for patients age <55 who have risk factors. See guidelines for management of PMB ( <a href="#">hyperlink</a> ))	<input type="checkbox"/>
Any age PMB continuing 6 weeks after stopping HRT and suspicious ultrasound scan	<input type="checkbox"/>
Any age PMB and taking Tamoxifen (no scan needed)	<input type="checkbox"/>
Any age PMB after a normal ultrasound scan which is recurrent and unexplained	<input type="checkbox"/>
Suspicious pelvic mass found on ultrasound scan (Insert below serum Ca125 here if recently requested or confirm this has been requested)	<input type="checkbox"/>
CA125 Value	<input type="text"/>
CA125 Requested	<input type="checkbox"/>
Suspicious lesion of cervix on speculum examination	<input type="checkbox"/>
Suspicious lesion of vagina on speculum examination	<input type="checkbox"/>
Suspicious lesion of vulva	<input type="checkbox"/>