

Suspected Urological Cancer – Referral Form



This form should be submitted via the Referral Support Service

Condition Details (tick appropriate boxes)

Age \geq 45 unexplained visible haematuria	<input type="checkbox"/>
Age \geq 60 Non-visible haematuria (need 2 positive urine dips out of 3, each test separated by 2-3 weeks, a score of 1+ is considered positive. Exclude and treat UTI. Do not retest urine until 6 weeks after proven UTI)	<input type="checkbox"/>
Elevated age specific PSA and/or clinically malignant feeling prostate on digital rectal examination (age \leq 80) - PSA Value: <input type="text"/>	<input type="checkbox"/>
PSA $>$ 20ng/ml (any age) - PSA Value: <input type="text"/>	<input type="checkbox"/>
Solid swelling in the body of the testis	<input type="checkbox"/>
Renal mass evident on clinical examination or imaging	<input type="checkbox"/>
Solid bladder mass found on imaging	<input type="checkbox"/>
Suspected penile cancer – penile mass or ulceration where STD has been treated or excluded	<input type="checkbox"/>