**Primary Lung SABR Referral checklist:**

***TO BE COMPLETED BY REFERRAL CENTRE***

*Please ensure all the information below is provided when referring a patient for SABR treatment at the Bristol Haematology and Oncology centre. Not providing the correct information, may result in delays.*

|  |  |  |
| --- | --- | --- |
|  | **Yes** | **If no, please provide an estimated date for when it will be sent to SABR bookings team** |
| **Has the patient been informed that they have a confirmed/presumed cancer?** |  |  |
| **Referral letter (containing all relevant clinical information)** |  |  |
| **Most recent scan CT and PET available (ideally within 3 months of referral)** |  |  |
| **Recent scans sent to BHOC for review (please inform us if you are unsure how to do this)** |  |  |
| **Recent lung function test results** |  |  |
| **IPTF** |  |  |
| **Up to date patient contact details** |  |  |
| **Name of consultant carrying out follow up appointment?** |  |  |
| **Where will follow up appointment take place?** |  |  |

If you have any queries on the referral process, please contact the team on 01173423970 or email:

[Dimitra.Kalogianni@uhbw.nhs.uk](mailto:Dimitra.Kalogianni@uhbw.nhs.uk) – SABR bookings co-ordinator

[Jancis.Kinsman@uhbw.nhs.uk](mailto:Jancis.Kinsman@uhbw.nhs.uk) – SABR and IGRT lead radiographer

[Harley.stephens@uhbw.nhs.uk](mailto:Harley.stephens@uhbw.nhs.uk) – SABR band 7 radiographer

***TO BE COMPLETED BY THE BOOKINGS CO-ORDINATORS AT BHOC***

|  |  |
| --- | --- |
| **Referring centre emailed re FT date** |  |
| **Treatment summary letter completed and sent to GP+ referrer** |  |