

Process for Hematology Referrals:

1. Hematology services for the residents of Manitoba are provided through CancerCare Manitoba.
2. Note that patients with uncomplicated iron deficiency anemia do not require assessment in a hematology clinic and they should, when required, be referred for appropriate gastrointestinal investigation.
3. Emergent referrals require a direct phone call to the hematologist on-call at either Health Sciences Centre (204) 787-2071 or St. Boniface Hospital (204) 237-2053.
4. Non-emergent referrals are completed and faxed to CCMB's Central Referral Office (204) 786-0621.
5. Referrals are reviewed by one of the consultant hematologists.
6. The hematologist will only review referrals that include all of the requested information.
7. If the referred patient does not necessitate a clinic appointment, a letter will be sent back to referrer with recommendations for care.
8. If the patient requires a clinic appointment, the referral will be assigned to one of the hematology clinics at CCMB.
9. The patient remains the responsibility of the referring health care provider until such time that the patient is seen in the hematology clinic. If patient status changes it is the responsibility of the referring health care provider to contact the hematologist to discuss further.

Central Referral Office

Referral by Fax: 204-786-0621

Inquiry? Call: 204-787-2176

NOTE: this checklist is provided as a guide and is not intended as clinical guidance. Please see resources for the work-up of suspected cancer at the bottom of the page.

REQUIRED INFORMATION

Please send copy of original results / reports if available or indicate date and location if ordered

Include the following:

- Referral letter:
- Referral Information sheet – additional patient demographic and referral information not included in Referral letter
- History and Physical
- Co-existing medical conditions
- Allergies
- Previous malignancy information (diagnosis and previous treatment)
- Required bloodwork**

**** Please see the following page for bloodwork requirements ****

For information on the work-up of suspected cancers and blood disorders, please go to:
www.cancercare.mb.ca/For-Health-Professionals/diagnostic-pathway-for-suspected-cancer-and-blood-disorders/

Additional support for clinicians is available at the Cancer Question Helpline for Health Care Professionals:

Call/Text: 204-226-2262

* Email: cancerquestion@cancercare.mb.ca

* Online: www.cancercare.mb.ca/cancerquestion

Central Referral Office

Referral by Fax: 204-786-0621

Inquiry: 204-787-2176

*For a complete Referral Package, please use the Referral Guide for the disease site involved.

Patient Identifiers required on each sheet submitted.

Referral Information Sheet

PATIENT INFORMATION LABEL / ADDRESSOGRAPH

Today's Date: _____

PATIENT INFORMATION

Required Information to accompany Referral Letter or Consult Request

Surname: _____

Given Name & Initial: _____

Maiden or Previous Name(s): _____

DOB: DAY / MONTH / YEAR Gender: M F

MB Health #: _____

PHIN: _____

Other: _____

Address: _____

City: _____

Postal Code: _____

Home Phone: _____

Work Phone: _____

Cell Phone: _____

Is English the patient's primary language?

Yes No

If no, provide patient's primary language:

Need for interpreter? Yes No

Does the patient have any special needs?

Wheelchair Stretcher

Portable Oxygen

Other: _____

Patient Location:

Home

Hospital-Specify Unit: _____

Unit Phone: _____

REFERRAL INFORMATION

Diagnosis: _____

Confirmed Presumptive

Reason for consultation:

Newly Diagnosed Second Opinion

Recurrent/Progressive Disease

Is patient aware of diagnosis? Yes No

If no, please explain: _____

Referring Physician's Name: _____

Phone: _____ Fax: _____

Surgeon (If not referrer): _____

Family Physician/Nurse Practitioner: _____

Comments:

www.cancercare.mb.ca/referrals - Use the disease site specific Referral Guide for completeness, missing items may cause delay in triage process

REFERRAL PACKAGE CHECKLIST:

Referral Letter (with history & physical, co-existing conditions, allergies, previous malignancy)

All Pathology & Operative Reports

All Diagnostic Imaging

All Blood Work

Other: _____

If result pending, state date and place done:

Hematology Bloodwork Requirements

		CBC	Retic	EP	CR	LFT	Fe	TIBC	Ferritin	Vit B12	TSH	Haptoglobin	SPE	CRP	Hb elec	HIV	HepB	HepC	ANA	FLCR	Hemochromatosis testing
RED CELLS	Macrocytic anemia	✓	✓	✓	✓	✓				✓	✓		✓								
	Normocytic anemia	✓	✓	✓	✓	✓	✓	✓	✓	✓			✓	✓							
	Microcytic anemia	✓	✓	✓	✓	✓	✓	✓	✓												
	Sickle cell anemia	✓	✓		✓	✓							✓			✓					
	Thalassemia	✓	✓	✓	✓	✓	✓	✓	✓							✓					
	Elevated hemoglobin	✓	✓	✓	✓	✓	✓	✓	✓	✓											
WHITE CELLS	Neutrophilia	✓		✓	✓	✓								✓							
	Lymphocytosis ^α																				
	Eosinophilia	✓		✓	✓	✓								✓							
	Neutropenia	✓		✓	✓	✓				✓						✓	✓	✓	✓		
PLATELETS	Thrombocytosis	✓	✓	✓	✓	✓	✓	✓	✓					✓							
	Thrombocytopenia	✓	✓	✓	✓	✓				✓						✓	✓	✓	✓		
	MGUS	✓	✓	✓	✓	✓							✓							✓	
	Lymphadenopathy ^α																				
	Splenomegaly	✓	✓	✓	✓	✓			✓	✓	✓		✓								
	Thrombosis																				
	Elevated Ferritin and Elevated Fe/TIBC	✓	✓	✓	✓	✓	✓	✓	✓		✓					✓	✓	✓			✓
^α - please refer to the CancerCare Manitoba Cancer Pathway for Lymphoma																					