



DT9265

HEMATOLOGY AND HEMATOLOGICAL NEOPLASIA ADULT CONSULTATION

Note:

- Refer to the clinical alerts on the back of the form.
- Favor, if available, the protocols of the Accueil Clinique before filling it out.

- Recent laboratory results (< 2 months)
- Patient has been advised of the consultation request

Patient's first and last name			
Health insurance number	Year	Month	
Expiry			
Parent's first and last name			
Area code	Phone number	Area code	Phone number (alt.)
Address			
Postal code			

Reason for consultation		Clinical priority scale: B : ≤ 10 days C : ≤ 28 days D : ≤ 3 months E : ≤ 12 months For priority A consultations (≤ 3 days), do not send them to the CRDS; use the following corridors: specialist on call, accueil clinique, etc.		
Red blood cells	<input type="checkbox"/> Pancytopenia or bicytopenia (neutrophils < 1 x 10 ⁹ /L and platelets < 75 x 10 ⁹ /L and/or Hb < 85 g/L)	B	Hemostasis	
	Unexplained anemia (Prerequisites: Iron tests, B12, TSH, creatinine)	<input type="checkbox"/> Hb < 85 g/L <input type="checkbox"/> Hb between 85 g/L to 100 g/L <input type="checkbox"/> Woman: Hb > 100 g/L to 112 g/L <input type="checkbox"/> Man: Hb > 100 g/L to 130 g/L		<input type="checkbox"/> Bleeding diathesis (Prerequisites: INR, PTT, fibrinogen)
	<input type="checkbox"/> Iron deficiency anemia with Hb < 100 g/L, status post investigations, refractory to at least 6 months of oral replacement	C	<input type="checkbox"/> Recurrent thrombosis or at an unusual site	D
	Polycythemia	<input type="checkbox"/> Ht > 0,65 or Hb > 200 g/L controlled <input type="checkbox"/> Ht > 0,10 higher than upper limit of normal	<input type="checkbox"/> Suspicion of thrombophilia	E
	Neutropenia	<input type="checkbox"/> < 0,5 x 10 ⁹ /L (absolute value) <input type="checkbox"/> between 0,5 and 1 x 10 ⁹ /L (absolute value) <input type="checkbox"/> between 1,1 and 1,3 x 10 ⁹ /L (controlled after 3 months)	<input type="checkbox"/> Suspicion of lymphoma (lymph node > 5 cm or B symptoms ²) <input type="checkbox"/> Lymphadenopathy (increase in size and number) (surgical excision is recommended if over 2 cm size, persistent over 3 months)	<input type="checkbox"/> With abnormal test result <input type="checkbox"/> With normal tests
	<input type="checkbox"/> WBC > 20 x 10 ⁹ /L with myelemia ¹ <input type="checkbox"/> Unexplained neutrophilia > 15 x 10 ⁹ /L (persistent over 3 months)	B	Splenomegaly (spleen > 15 cm)	<input type="checkbox"/> With cytopenia <input type="checkbox"/> Without cytopenia
White cells	Lymphocytosis with	<input type="checkbox"/> Hb < 100 g/L <input type="checkbox"/> platelets < 100 x 10 ⁹ /L or neutrophils < 1 x 10 ⁹ /L <input type="checkbox"/> Lymphocytosis > 100 x 10 ⁹ /L	Suspicion of neoplasia	
	<input type="checkbox"/> Isolated lymphocytosis, from 30 to 100 x 10 ⁹ /L	C		
	<input type="checkbox"/> Isolated lymphocytosis, from 5 to 30 x 10 ⁹ /L	D		
	<input type="checkbox"/> Eosinophilia over 1.5 controlled 6 months apart	D		
Platelets	Thrombocytopenia	<input type="checkbox"/> 20-49 x 10 ⁹ /L <input type="checkbox"/> 50-74 x 10 ⁹ /L <input type="checkbox"/> 75-100 x 10 ⁹ /L controlled 3 months apart	Others	
	Thrombocytosis	<input type="checkbox"/> 450-699 x 10 ⁹ /L controlled 3 months apart <input type="checkbox"/> 700-999 x 10 ⁹ /L <input type="checkbox"/> ≥ 1000 x 10 ⁹ /L		
	Monoclonal peak			<input type="checkbox"/> With cytopenia (Hb < 100 g/L or platelets < 100 x 10 ⁹ /L or neutrophils < 1 x 10 ⁹ /L) or new onset renal failure or hypercalcemia <input type="checkbox"/> > 15 g/L <input type="checkbox"/> < 15 g/L without cytopenia (Hb > 100 g/L and platelets > 100 x 10 ⁹ /L and neutrophils > 1 x 10 ⁹ /L)
	Hemoglobinopathy (proven)			<input type="checkbox"/> Hb ≤ 100 g/L <input type="checkbox"/> Hb > 100 g/L
	Hyperferritinemia with a mutated HFE ³ gene			<input type="checkbox"/> ≥ 1000 mcg/L <input type="checkbox"/> < 1000 mcg/L
<input type="checkbox"/> Confirmed lymphoma (Prerequisite: pathology report)			B	
<input type="checkbox"/> Obstetric hematology			C	
Refer to local High-Risk obstetric medicine. If unavailable, specify planned delivery location : _____				
<input type="checkbox"/> Other reason for consultation or clinical priority modification (MANDATORY justification in the next section):			Clinical priority	
Suspected diagnosis and clinical information (mandatory)		If prerequisite is needed :		
		<input type="checkbox"/> Available in the QHR <input type="checkbox"/> Attached to this form <input type="checkbox"/> Ordered		
Special needs:				
Referring physician identification and point of service		Stamp		
Referring physician's name		Licence no.		
Area code	Phone no.	Extension	Area code Fax no.	
Name of point of service				
Signature		Date (year, month, day)		
Family physician: <input type="checkbox"/> Same as referring physician <input type="checkbox"/> Patient with no family physician		Registered referral (if required)		
Family physician's name		If you would like a referral for a particular physician or point of service		
Name of point of service				

Legend

¹ Myelemia: presence of myelocytes and metamyelocytes at microscopic blood smear review

² B symptoms: unexplained fever, more than 10% weight loss, night sweats

³ HFE: genotype, if homozygous or double heterozygous, associated with hereditary hemochromatosis (H63D, C282Y)

Clinical alerts (non-exhaustive list)

Refer the patient to the Emergency-department

- Severe anemia (Hb < 70 g/L)
- Severe thrombocytopenia < 20 x 10⁹/L or higher count with significant bleeding
- Acute leukemia suspected
- Neutropenia < 1,0 x 10⁹/L and T° ≥ 38,3 °C (febrile neutropenia)
- Acute thrombosis

Use the Accueil Clinique form if available