



## **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) | ١ |
|--------|------------|---------|--------------|---|
|--------|------------|---------|--------------|---|

| Patient's first and last name |                               |
|-------------------------------|-------------------------------|
| Health insurance number       | Year Month                    |
| Parent's first and last name  |                               |
| Area code Phone number        | Area code Phone number (alt.) |
| Address                       |                               |
| Posta                         | l code                        |

|                 | Patient has been   | advised of the co   | nsultation request               |                               |  |  |  | 1 001                                |  |                   |
|-----------------|--|---|----------------------------------|-------------------------------|--|--|--|--------------------------------------|--|-------------------|
|                 | Reason for cor   |   |                                  |                               |  |  |  |                                      | : ≤ 12 months  |                   |
|                 | ☐ Pancytopenia   | a or bicytopenia (ne  | eutrophils < 1 x 10              | **                            | tnem t   | _  | Bleeding diathesis                                 | · ,                                  | alist on call, accueil cli                               | · · · -           |
| တ               | platelets < /5   | o x 10 <sup>9</sup> /L and/or Hb                                  | o < 85 g/L)                      |                               | В  | stas   | (Prerequisites: INR, I                             | PTT, fibrinogen)                     | ☐ With normal test                                       |                   |
| Red blood cells | Unexplained anemia (Prerequisites: Iron tests, B12, TSH, creatinine)  □ Hb < 85 g/L □ Hb between 85 g/L to 100 g/L □ Woman: Hb > 100 g/L to 112 g/L Man: Hb > 100 g/L to 130 g/L |   |                                  | B<br>D                        | Bleeding diathesis (Prerequisites: INR, PTT, fibrinogen)  With abnormal test result  With normal tests  Recurrent thrombosis or at an unusual site  Suspicion of thrombophilia |  |  |                                      | D  |                   |
|                 |  |   |                                  | E                             | - Fe   | ☐ Suspicion of thrombophilia   |  |                                      | E  |                   |
|                 |  |   |                                  | С                             | ☐ Suspicion of lymphoma<br>(lymph node > 5 cm or B symptoms²)  |  |  |                                      | В  |                   |
| ed b            | ☐ Iron deficiency anemia with Hb < 100 g/L, status post investigations, refractory to at least 6 months of oral replacement  |   |                                  |                               |  |  |  |                                      | C  |                   |
| Ä               | Polycythemia  Ht > 0,65 or Hb > 200 g/L controlled   |   |                                  |                               | <u></u>  | Lymphadenopathy (increase in size and number) (surgical excision is recommended if over 2 cm size, persistent over 3 months) |  |                                      |  |                   |
|                 |  |   | her than upper limit of          |                               | Е  | neoplasia  | Splenomegaly                                       | ☐ With cytopenia                     |  | С                 |
|                 | Neutropenia  | ☐ < 0,5 x 10 <sup>9</sup> /L                                      | (absolute value)                 |                               | В  | go   | (spleen > 15 cm)                                   | ☐ Without cytope                     |  | D                 |
|                 | ·  | between 0,5 a   | and 1 x 10 <sup>9</sup> /L (abso | olute value)                  | D  | ne   | Confirmed by                                       |                                      |  | В                 |
|                 | between 1,1 and 1,3 x 10 °/L (controlled after 3 months)   |   |                                  |                               | Е  |  |  | phoma (Prerequisite                  |  |                   |
| ဟ               | T 1170 00 1001 111   |   |                                  |                               | В  | on   |  | □ With cytopenia     nlatelets < 100 | t (Hb < 100 g/L or<br>0 x 10 <sup>9</sup> /L or neutroph | ile B             |
| <u>ह</u>        | Unexplained  | Unexplained neutrophilia > 15 x 10 °/L (persistent over 3 months) |                                  |                               | Е  | <u>:</u>   |  |                                      | new onset renal fail                                     |                   |
| <u>ة</u>        | Lymphocytosis  | ☐ Hb <100 g/L   |                                  |                               | В  | Suspicion  | Monoclonal peak                                    | or hypercalcemia                     |  |                   |
| White cells     | with   |   | x 10 <sup>9</sup> /L or neutroph | nils < 1 x 10 <sup>9</sup> /L | В  | Su   | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,            | ☐ > 15 g/L                           |  | С                 |
| >               |  | Lymphocytosis   |                                  |                               | В  |  |  |                                      | ut cytopenia (Hb > 1                                     | 00 g/L <b>E</b>   |
|                 |  | phocytosis, from 30   |                                  |                               | С  |  |  | and platelets > neutrophils > 1      | > 100 x 10 °/L and                                       |                   |
|                 |  | phocytosis, from 5 t  |                                  |                               | D  |  | Hemoglobino-                                       | ☐ Hb ≤ 100 g/L                       | 1 X 10 /L)   | D                 |
|                 |  | over 1.5 controlled   |                                  |                               | D  |  | pathy (proven)                                     |                                      |  |                   |
|                 | Thrombocytope-   | 20-49 x 10 °/L  |                                  |                               | В  | S  |  | ☐ Hb > 100 g/L                       | °   □ - 1000 m   | ca/L D            |
| ets             | nia  | 50-74 x 10 °/L  |                                  | utho onout                    | D  | er   | Hyperferritinemia v<br>gene                        | with a mutated HFE                   |  |                   |
| Platelets       |  |   | /L controlled 3 mon              | <u> </u>                      | E  | Others   |  |                                      | ☐ < 1000 m   |                   |
| <u> a</u>       | Thrombocytosis   |   | <sup>9</sup> /L controlled 3 mo  | ntns apart                    |  |  | ☐ Obstetric hema                                   | 0,                                   |  | С                 |
| -               | ☐ 700-999 x 10 °/L ☐ ≥ 1000 x 10 °/L   |   |                                  | В                             |  | Refer to local High<br>planned delivery lo   | h-Risk obstetric medicine. If unavailable, specify |                                      |  |                   |
| $\vdash$        |  |   |                                  |                               |  |  | •  | ocation                              |  | Clinical priority |
| ı               | Other reas   | on for consulta   | ation or clinical                | priority mo                   | dific  | cati   | on   |                                      |  | Cillical priority |
|                 | (WANDAT  | ORY justification   | on in the next s                 | ection):                      |  |  |  |                                      |  |                   |
|                 |  |   |                                  |                               |  |  |  |                                      |  |                   |
|                 | Suspected dia  | gnosis and clir   | nical information                | on (mandato                   | orv)   |  |  |                                      | If prerequisite is                                       | needed:           |
|                 |  | .g  |                                  |                               | ,,   |  |  |                                      | Available in the   |                   |
|                 |  |   |                                  |                               |  |  |  |                                      | Attached to this   |                   |
|                 |  |   |                                  |                               |  |  |  |                                      | $\equiv$   | IOIIII            |
| L               |  |   |                                  |                               |  |  |  |                                      | Ordered  |                   |
|                 | Special needs  | :   |                                  |                               |  |  |  |                                      |  |                   |
|                 | •  |   |                                  |                               |  |  |  | Ottorio                              |  |                   |
|                 |  | sician identifica   | ation and point                  | of service                    |  |  |  | Stamp                                |  |                   |
| R               | eferring physician's r   | name  |                                  |                               |  | Lic  | ence no.   |                                      |  |                   |
| L               |  |   |                                  |                               |  |  |  |                                      |  |                   |
| A               | rea code Phone no  |   | Extension                        | Area code                     | Fax n  | 0.   |  |                                      |  |                   |
| ı               |  |   |                                  |                               |  |  |  |                                      |  |                   |
| N               | ame of point of servi  | се  |                                  | <u>'</u>                      |  |  |  | 7                                    |  |                   |
| ı               | •  |   |                                  |                               |  |  |  |                                      |  |                   |
|                 |  |   |                                  |                               | Date   | (\(\rho\)  | ar, month, day)                                    | ┨                                    |  |                   |
| 5               | Signature  |   |                                  |                               | Date   | , (ye  | ı l  |                                      |  |                   |
|                 |  |   |                                  |                               |  |  |  | Don't learn                          |  |                   |
|                 | Family physic  |   | as referring physici             | ian Patie                     | ent wit  | th no  | o family physician                                 | ,                                    | referral (if requi                                       | •                 |
| F               | amily physician's nar  | me  |                                  |                               |  |  |  | If you would like a point of service | referral for a particula                                 | r physician or    |
| L               |  |   |                                  |                               |  |  |  |                                      |  |                   |

## Legend

- <sup>1</sup> Myelemia: presence of myelocytes and metamyelocytes at microscopic blood smear review
- <sup>2</sup> B symptoms: unexplained fever, more than 10% weight loss, night sweats
- <sup>3</sup> HFE: genotype, if homozygous ou 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 10 $^{\circ}$ /L and T $^{\circ}$  ≥ 38,3  $^{\circ}$ C (febrile neutropenia)
- · Acute thrombosis

Use the Accueil Clinique form if available