



DT9265

HEMATOLOGY-ONCOLOGY CONSULTATION/ADULT HEMATOLOGY

Note: Refer to the clinical alerts on the back of the form and favor, if available, the protocols of the Accueil Clinique before filling it out.

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: A: ≤ 3 days B: ≤ 10 days C: ≤ 28 days D: ≤ 3 months E: ≤ 12 months								
Red blood cells	Non iron deficient anemia Hb < 85 g/L	<input type="checkbox"/> With other cytopenia	B	Hemostasis	Bleeding diathesis	<input type="checkbox"/> With abnormal test result (INR, PTT, fibrinogen or thrombin time)	D		
		<input type="checkbox"/> Without other cytopenia	C			<input type="checkbox"/> With normal tests	E		
	Unexplained anemia (<i>Prerequisites: Iron tests, B12, TSH, creatinine</i>)	<input type="checkbox"/> Hb between 85 g/L to 99 g/L	D		<input type="checkbox"/> Recurrent thrombosis or at an unusual site		D		
	<input type="checkbox"/> Hb ≥ 100 g/L	E		<input type="checkbox"/> Suspicion of thrombophilia		E			
Polycythemia	<input type="checkbox"/> Ht > 0,65 or Hb > 200 g/L on 2 occasions	C		Suspicion of neoplasia	<input type="checkbox"/> Suspicion of lymphoma (lymph node > 5 cm or B symptoms ²)		B		
	<input type="checkbox"/> Ht > 0,10 higher than upper limit of normal	E			<input type="checkbox"/> Lymph nodes increased in size or number ³		C		
					<input type="checkbox"/> Splenomegaly > 15 cm without cytopenia		C		
White cells	<input type="checkbox"/> Neutropenia < 0,5 x 10 ⁹ /L (absolute value)		B	Suspicion of neoplasia	<input type="checkbox"/> Confirmed lymphoma (<i>Prerequisite: pathology report</i>)		B		
	<input type="checkbox"/> Neutropenia between 0,5 and 1 x 10 ⁹ /L (absolute value)		D		Monoclonal spike	<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		B	
	<input type="checkbox"/> Neutropenia between 1,1 and 1,5 x 10 ⁹ /L (controlled after 3 months)		E			<input type="checkbox"/> > 15 g/L		C	
	<input type="checkbox"/> WBC > 20 x 10 ⁹ /L with myelemia ¹		B		<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)		E		
	<input type="checkbox"/> Neutrophilia on 2 occasions and unexplained		E		Others	<input type="checkbox"/> Pancytopenia or bicytopenia (neutrophils < 1 x 10 ⁹ /L, platelets < 75 x 10 ⁹ /L, Hb < 85 g/L)		B	
	<input type="checkbox"/> Lymphocytosis with cytopenia (Hb < 100 g/L or platelets < 100 x 10 ⁹ /L ou neutrophils < 1 x 10 ⁹ /L) or lymphocytosis > 100 x 10 ⁹ /L		B			Increased ferritin with positive HFE⁴	<input type="checkbox"/> > 1000 mcg/L		D
	<input type="checkbox"/> Lymphocytosis between 30 and 100 x 10 ⁹ /L		C				<input type="checkbox"/> < 1000 mcg/L		E
<input type="checkbox"/> Lymphocytosis < 30 x 10 ⁹ /L		D	<input type="checkbox"/> Obstetric hematology		C				
Platelets	<input type="checkbox"/> 20-49 x 10 ⁹ /L		B	Refer to High risk Obstetric clinic if available in your area					
	<input type="checkbox"/> 50-74 x 10 ⁹ /L		D						
	<input type="checkbox"/> 75-140 x 10 ⁹ /L controlled 3 months apart		E						
	<input type="checkbox"/> 450-699 x 10 ⁹ /L controlled and unexplained		E						
	<input type="checkbox"/> 700-999 x 10 ⁹ /L		C						
	<input type="checkbox"/> ≥ 1000 x 10 ⁹ /L		B						

<input type="checkbox"/> Other reason for consultation or clinical priority modification (MANDATORY justification in the next section):	Clinical priority
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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 Enlarged lymph node(s) > 2 cm present for > 3 and more consecutive months: consider surgical removal or biopsy

⁴ 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 < $20 \times 10^9/L$ or higher count with significant bleeding
- Acute leukemia suspected
- Neutropenia < $1,0 \times 10^9/L$ and $T^{\circ} \geq 38,3^{\circ}C$ (febrile neutropenia)
- Acute thrombosis

Use the Accueil Clinique form if available