Hematology Clinic
Monoclonal Gammopathies (MG) Clinic
20 Campus Drive
Saskatoon, SK S7N 4H4
Fax: **1-855-809-3068**
Phone: 306-655-1483

Referral Form to the Saskatoon and North Monoclonal Gammopathies Clinic

NOTE:

1. This is a fillable form. You can either print and complete it by hand or fill it out electronically and then print it.
2. Please attach a medical history, medication list, and results for the tests listed at the bottom of the page.
3. Fax all to **1-855-809-3068**

Patient Information:

Name: _____

Sex: ☐ Male ☐ Female

Date of Birth: _____

Personal Health Number: _____

Address: _____

_____

Phone: _____ Cell: _____

Next of Kin/Contact: _____

Referring NP/ Physician Information:

Name: _____

Address: _____

_____

Fax: _____

Phone: _____

Date: _____

Patient is aware of referral ☐ (Referrals will not be accepted unless the patient is notified of the referral)

Does the patient require an interpreter? ☐ Yes, for what language _____ ☐ No

Reason For Referral:

***Please refer to the next page for guidance on diagnosis and the referral pathway to the MG Clinic.**

☐ Suspected low-risk MGUS ☐ Suspected high-risk MGUS ☐ Suspected Light Chain MGUS

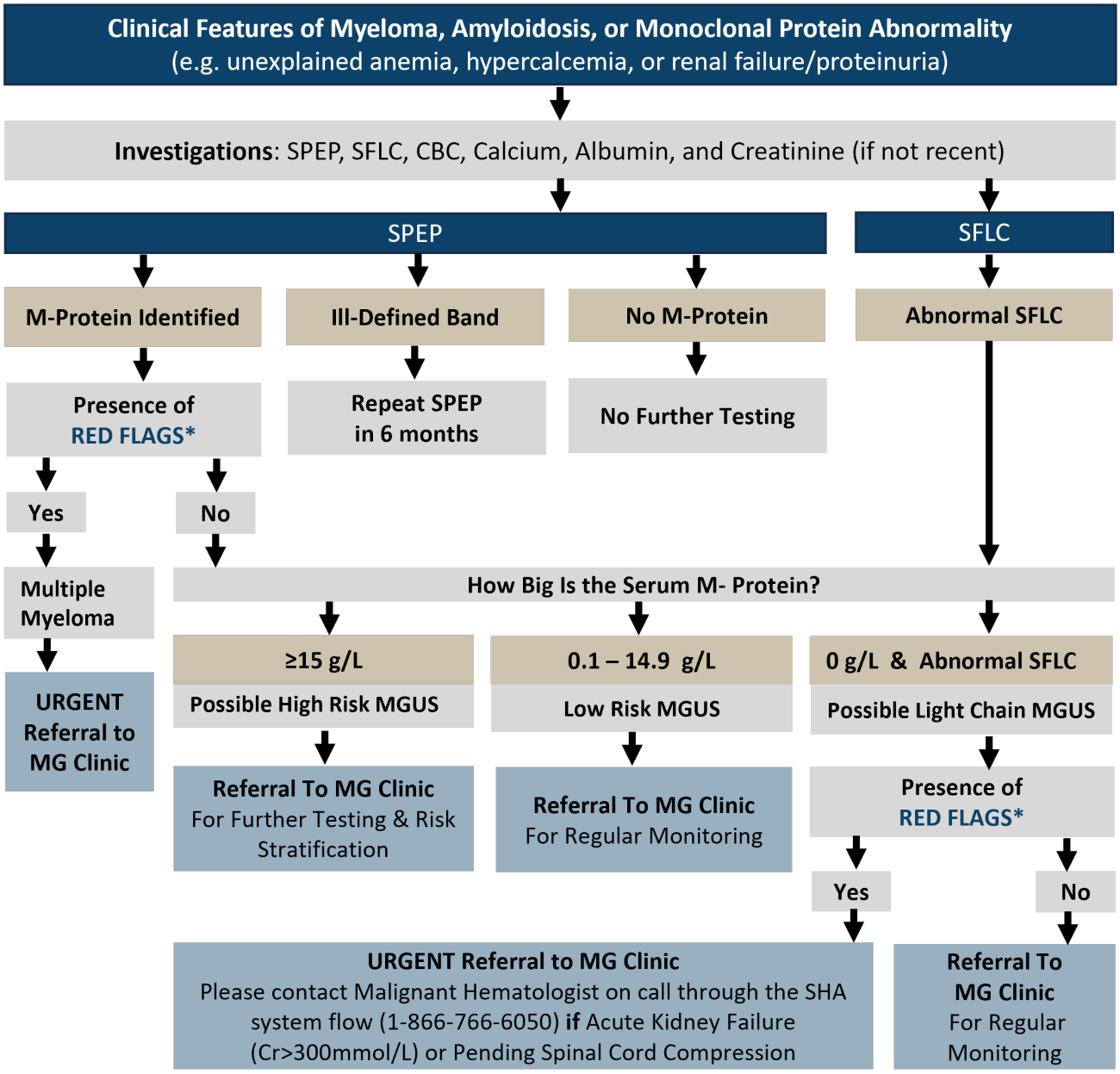
☐ Multiple Myeloma ☐ Other _____

Case Presentation:

Blood Tests and Reports (Please attach the results):

- Complete Blood Count
- Creatinine
- Calcium
- Albumin
- Serum Protein Electrophoresis (SPEP)
- Serum Free Light Chain (SFLC) with Ratio
- Imaging Reports (**if done**)
- Bone Marrow Biopsy (**if done)**

Referral Pathway to the Saskatoon and North Monoclonal Gammopathies Clinic



***RED FLAG** features include any of the following:

- Hemoglobin <100g/L
- Unexplained hypercalcemia, corrected serum Ca >2.75mmol/L
- Deterioration in kidney function
  - eGFR <45 ml/min/ 1.73m^2 and decline of > 5 ml/min/1.73 m^2 within 6 months in absence of self-limited illness
  - Proteinuria: Urine ACR >60mg/mmol
- Presence of lytic bone lesions incidentally noted on x-rays
- Unexplained bone pain
- Lymphadenopathy or hepatosplenomegaly
- Urine monoclonal protein > 500mg/24 hours
- SFLC ratio >8 or <0.125

Abbreviations:
(M – Protein) - Monoclonal Protein
(MG) - Monoclonal Gammopathies
(MGUS) - Monoclonal Gammopathy of Undetermined Significance
(SPEP) - Serum Protein Electrophoresis
(SFLC) - Serum Free Light Chain