

<b>Name:</b>	<b>Referring consultant if outside hospital</b>
<b>DOB:</b>	
<b>MRN:</b>	<b>Outside MRN:</b>
<b>MMUH/MPH consultant referring to MDT:</b>	
<b>Conference:</b> Advanced Cancer      UGI/HPB      Lower GI	
<b>Primary pathology site:</b>	<b>Reason for Review:</b>
<b>Consultant(s) required to review case:</b> Radiology Pathology Other      Other consultant required	
<b>Clinical History/ Relevant Medical History</b> (Please give details of previous treatment with dates):	
<b>Functional status:</b>	
<b>MDT question:</b>	
<b>Tumour markers/ relevant bloods:</b> CEA      AFP      CA19-9      Other	
<b>Imaging</b> (List site, hospital and date) CT MRI PET Other	<b>Histology</b> (Tissue site, hospital and date) Biopsy Resection Specific molecular query MMUH in-house slide read/second opinion