**Chronic Lymphocytic Leukaemia (CLL) Monitoring**

<Recipient Name>

<Recipient Details>

<Recipient Address>

Date: <Todays date>

Ref:

Dear <Recipient Name>

**Re: <Patient name>**

**NHS number: <NHS number>, date of birth <Date of birth>**

**<Patient address>**

**Telephone:<Patient contact details>**

Please accept this as a referral back to your service for this patient previously diagnosed with CLL for any review you deem required and appropriate monitoring.

Latest **X** blood results are included for your reference.

<Pathology & Radiology Reports(table)>

Monitoring of CLL is not a commissioned service in general practice and due to the escalating pressures on general practice, we can no longer absorb this non-commissioned work from secondary care.

Monitoring of this condition should be done under specialist supervision to identify any progression at the earliest opportunity.

Please note that these referrals cannot be rejected as are clinically appropriate, but should this workload cause a challenge for your department, please raise this with Lincolnshire ICB as the commissioner.

Thank you for your ongoing care of our mutual patients to continue their safe monitoring.

Yours sincerely

<Sender name>

**On behalf of <Sender details>**