

REFERRAL LETTER FOR AUTOLOGOUS PRE-DEPOSIT

(addressed to the doctor in charge of the predeposit programme)

Dear _____

This patient has requested autologous pre-deposit for his/her operation. I have discussed this with the patient, with appropriate reference to the Guideline for Preoperative Autologous Donation and am of the opinion that he/she is medically suitable for the procedure.

I would be grateful if you could see him/her with a view of making the necessary arrangements.

Patient's name (Mr/Mrs/Ms): _____

Date of Birth: _____ I/C number: _____

Ward: _____ R/N: _____

Address: _____

Date of admission: _____

Date of operation: _____

Planned procedure: _____

Underlying pathology: _____

Requested number of donations (maximum is 4): _____

Haemoglobin (g/dL) : _____

Additional remarks: _____

Referring consultant clinician : _____

Signature : _____

Name (BLOCK LETTER) : _____

Date : _____