

**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 : \_\_\_\_\_