NATF 1041 04

(Relates to SOP No. NATS CLIN APH 027)

SNBTS Clinical Apheresis Services: Referral for Extracorporeal Photopheresis

Please return completed form to NSS.CAU@nhs.scot . Phone 0141 301 7014 if any questions.

Referring Consultant

Referring Health Board

Name of person completing form

Signature

Date of referral

Patient's demographic details
(Name / D.O.B. / Address – Addressograph label preferred)

Indication for photopheresis
(Please tick one box only)
Please note that if ticking 'Other', then evidence of funding approval from the referring Health Board on an Individual Patient Treatment Request basis will be required before treatment can be started.

- Chronic GvHD ☐
- Acute GvHD ☐
- Cutaneous T cell lymphoma ☐
- Other (please specify below) ☐

……

GvHD patients only: what was the indication for allograft?

Summary of patient's clinical situation and relevant co-morbidities
For GvHD patients, please include GRADE and SITES of GvHD, plus other relevant information such as problems related to current immunosuppression (e.g. viral reactivation, steroid myopathy)

NATF 1041 04

(Relates to SOP No. NATS CLIN APH 027)

SNBTS Clinical Apheresis Services: Referral for Extracorporeal Photopheresis

Please return completed form to NSS.CAU@nhs.scot . Phone 0141 301 7014 if any questions.

Current therapy (for the indication for ECP referral)	
Previous therapies (for the indication for ECP referral)	
Any significant co-morbidities?	

Proposed venous access

Central ☐ Peripheral ☐

Please note that patients require at least one good antecubital vein for ECP to be possible using peripheral veins.

If the patient requires central venous access, then this will be the responsibility of the referring team.

N.B. REQUIRED FOR REFERRAL TO BE ACCEPTED:
I confirm that I have informed the Finance team of the patient's Territorial Health Board of residence of this intended referral for ECP.

Please tick to confirm: ☐