

## Bone Marrow Transplant Referral

Please complete this form for all Stem Cell Transplant referrals and post to:

BMT Co-ordination Office  
Level 6  
Bristol Royal Hospital for Children  
Upper Maudlin Street  
Bristol  
BS2 8BJ

Or if you have an "nhs.net" account, email to: christina.morris1@nhs.net &  
gillian.daniels@nhs.net

Name: _____	New NHS number: _____
Address: _____ _____	Weight : _____ on __ / __ / __
Postcode: _____	CMV IgG status: Pos / Neg on __ / __ / __
Contact number: _____	Patient Tissue Typing samples sent: Y / N
Date of birth: __ / __ / __	Sibling Tissue Typing samples sent: Y / N
	Diagnosis: _____

**Please be aware that the referral will not be processed until all this information is received by the BMT Co-ordination office and any omissions could lead to the transplant being delayed. This form does not need to be completed by medical personnel.**

This form does not replace the requirement for a formal medical referral letter to the relevant consultant, which should include:

- Summary of treatment to date
- Disease status / details of planned disease reassessments (if relevant)
- Blood group
- Details of venous access
- Sibling donor details if relevant

It is a JACIE requirement that we review all diagnostic slides so please sent these to us for analysis, along with the referral letter.

Thank you for your assistance.

BMT co-ordination team