****

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  |  | | | | |
| **MRN Number:** | |  | **Department of Clinical Haematology** | |
| **NHS Number:** | |  | **Administration Floor Level 2** | |
| **Our Ref:**Male Patient | |  | **Cancer and Haematology Centre** | |
|  | |  | **Churchill Hospital** | |
|  | **Old Road** | | | |
| Dr | **Headington** | | | |
|  | **Oxford** | | | |
|  | **OX3 7LE** | | | |
|  | **Tel :** | | | **01865 235286** |
|  | **Office Hours:** | | | **8am to 4pm Mon to Fri** |
|  | **Email:** | | | **ouh-tr.oxfordpostbmt@nhs.net** |
|  | **Website:** | | | [**www.ouh.nhs.uk**](http://www.ouh.nhs.uk) |
|  | **Emergency out of hours:** | | | **Ward 01865 235049** |

Date

Dear Dr

**Re: *Patient details***

This is to inform you that ***patient name*** has been discharged from the Oxford BMT Clinic following allogeneic bone marrow transplant. The transplant was performed on ***date***

He has made a good recovery from his transplant and has now moved into the late effects monitoring phase of his treatment, which can be performed more locally to him. Transplant recipients require long term follow up due to their increase risk of cardiovascular disease and secondary cancers.

We would be grateful if you could assist with monitoring and we would suggest;

* 3 yearly diabetes screening, (if >45yrs) 2 yearly in any age group if has been treated with steroids, had total body irradiation (TBI)\* or is hypertensive.
* Annual blood pressure
* 2 yearly lipid screening.
* Commencement on bowel screening programme.

\*Refers to those patients who have received TBI at >6Gy

We have also advised himto maintain annual eye examinations and dental check-ups.

Additionally, we have provided information regarding skin safety and the monitoring of his skin and oral cavity for any changes.

Please do not hesitate to contact us if you require any additional information.

Yours sincerely,

On behalf of the Haematology Team