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| --- | --- |
| **GP Address** |  Southampton General Hospital |
|  | **Department of Haematology****Mailpoint 8**Tremona Road |
|  | Southampton |
|  | Hampshire |
|  | SO16 6YD |
|  | Tel: 023 8120 4567 |
|  |  |
|  |  Email: Secretary/ CNS email  |
| Date:  |  |

Dear Colleague,

**Patient vaccination information**

Name: NHS number:

DOB:

We are due to see your patient in our haemoglobinopathy annual review clinic next month. Part of the annual review process is ensuring that patients are aware of the need to have their vaccinations and that their vaccinations are up to date.

Therefore, we would be grateful if you could scan/email or post this patients’ current vaccination record to the above address prior to our clinic.

Many thanks.

Yours sincerely

**Mary Hinton**

**Specialist Nurse**

**Sickle Cell Disease and Thalassaemia**

**Rare Inherited Anaemia**