

Patient Information

Patient's Contact Consent Form

Banda Label

Patient's own contact phone numbers:

**Patient's consent to discuss results with family members if
Transplant staff is unable to contact the patient:**

Names of consented contacts and contact phone numbers:

Name	Tel. number

Patient's Signature:

Member of Staff's Signature:

Date of Consent:

Update any change of contact numbers

If you require further information please contact: Post Renal Transplant Clinic on 024
7696 7746



Patient Information

The Trust has access to interpreting and translation services. If you need this Information in another language or format please contact 024 7696 7746 and we will do our best to meet your needs.

The Trust operates a smoke free policy

Document History

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Published	March 2016
Reviewed	March 2018
Review	March 2020
Version	2.1
Reference	HIC/LFT/1785/14