

Accredited Assessor contingency report

Section A to C

I confirm that I read, understood and applied the guidance issued by the HTA.

Yes No

Date of Accredited Assessment [dd/mm/yyyy]

Section A – Category of transplant

Is the transplant: Bone Marrow PBSC

Section B – Details of donor, recipient and location of transplant

Last name of donor

First name of donor

Date of Birth of donor [dd/mm/yyyy]

NHS/CHI number, hospital number/passport number

Last name of recipient

First name of recipient

Date of Birth of recipient [dd/mm/yyyy]

NHS/CHI number, hospital number/passport number

Relationship of donor to recipient:

Name of stem cell transplant coordinator

Email address of stem cell transplant coordinator

Name of clinician responsible for donor

Email address of clinician responsible for donor

Name of referring unit

Name of stem cell transplant centre

Is the donor : Child under 18 Adult lacking capacity

Section C – Details of person/s consenting on behalf of the donor

Last name/s

First name/s

Relationship of donor to person/s consenting

Date court approval obtained (if applicable) [dd/mm/yyyy]

Please provide further information on the court approval:

Sections D to F

Section D – Communication

Donor

Were there any difficulties in communicating with the donor? (please tick no if communication difficulties were due to donor's very young age)

Yes No

What were the communication difficulties?

Language

Hearing

Speech

Other

If 'Other' please specify:

Please provide details of what measures were taken in this case to ensure the process was understood by the donor:

Language used to translate to:

If a translator was used please provide details below:

Name of translator

Address of translator

Telephone number of translator

Please tick this box to confirm the translator was independent: Yes No

Person/s consenting on behalf of the donor

Were there any difficulties communicating with the person/s consenting on behalf of the donor?

Yes

No

What were the communication difficulties?

Language Hearing Speech Other

If other, please specify:

Please provide details of what measures were taken in this case to ensure the process was understood by the person/s consenting on behalf of the donor:

Language used to translate to:

If a translator was used, please provide details below:

Name of translator

Address of translator

Telephone number of translator

Please tick this box to confirm the translator was independent: Yes No

Recipient

Were there any difficulties communicating with the recipient? Yes No

What were the communication difficulties?

Language Hearing Speech Other

If other, please specify:

Please provide details of what measures were taken in this case to ensure the process was understood by the recipient:

Language used to translate to:

If a translator was used, please provide details below:

Name of translator

Address of translator

Telephone number of translator

Please tick this box to confirm the translator was independent: Yes No

Section E – Understanding of the risks and procedure

Name of registered medical practitioner:

Qualification of registered medical practitioner:

I confirm that the registered medical practitioner has explained to the donor, to an age appropriate level, and to the person/s consenting on behalf of the donor, the nature of the medical procedure, the risks involved and any other wider implications:

Yes No

I confirm that the donor has an age appropriate understanding of the medical procedures and the risks involved, and the person/s consenting on behalf of the donor also understands the medical procedures and risks involved:

Yes No

Please provide full details of the donor's, to an age appropriate level and person consenting on behalf of the donor, understanding and acceptance of the nature of procedure and risks involved. Please also provide details of the understanding of the wider implications, for example the donor is aware that it would not be their fault if the procedure is unsuccessful.

I confirm that the donor and/or person/s consenting on behalf of the donor understand that they are able to withdraw consent at any time, and understands the consequences of withdrawal for the recipient:

Yes No

Section F - Duress, coercion and reward

Please provide details of the discussion had with the donor and recipient, in order to determine (as far as possible) that there was no evidence of duress or coercion affecting the decision to consent, or any evidence of an offer of a reward

Last name of AA.

First name of AA

Contact number for AA

Email address of AA

For official use only:
Date AA report submitted: