



GP APPLICATION FOR ERYTHROPOIETIN APPROVAL

Practice contact details

Name of GP
Practice Address
.....
Telephone
Fax

Patient name
NHI
D.O.B/...../.....

Haemoglobing/l
Creatinineumol/l
eGFRml/min

Diabetes Y / N

Serum iron umol/l
Ferritin ng/mL
B₁₂ pmol/L
Folate nmol/L

Correction of anaemia likely to improve functional status and/or quality of life? Y / N

PLEASE COMPLETE ALL FIELDS AND FAX TO:

Rachel Falconer, Anaemia Specialist Nurse
Department of Renal Medicine

Fax: (07)839 8657