*Please delete the box below before sending the letter to the AA.*

|  |
| --- |
| Model referral letter to be used by registered medical practitioner to the Human Tissue Authority for bone marrow and PBSC donation  *This template has been designed to ensure that referral letters to the Human Tissue Authority (HTA), which is represented by Accredited Assessors (AAs) for this purpose, capture the required statutory information as well as information required as part of HTA policy. This letter also acts as the instruction to the AA to begin procedures for undertaking the donor, person consenting on behalf of the donor and recipient interviews.*  Guidance is provided in red font, and should be deleted before the letter is sent to the AA.  *Further information and guidance is available in the:*  [*HTA Code of Practice G*](https://www.hta.gov.uk/sites/default/files/files/HTA%20Code%20G_0.pdf)  [*HTA Guidance for bone marrow and PBSC transplant teams and Accredited Assessors*](https://www.hta.gov.uk/regulated-sectors/bone-marrow-and-pbsc-approvals)  [*Guidance for transplant teams, Independent Assessors and Accredited Assessors in Scotland*](https://www.hta.gov.uk/regulated-sectors/bone-marrow-and-pbsc-approvals) |

Dear HTA,

RE: Potential donor – Name and DOB

RE: Potential recipient – Name and DOB

RE: Person consenting on behalf of the donor – Name and relationship to potential donor and potential recipient (in all cases where the donor is a child without competence, the person consenting on behalf of the donor must have parental responsibility for the donor).

In line with Regulation 11(2) of the Human Tissue Act 2004 (Persons who Lack Capacity to Consent and Transplants) Regulations 2006, I wish to refer the case relating to the above named to the HTA for decision.

**Or**

In line with Regulation 2(3) of the Human Organ and Tissue Live Transplants (Scotland) Regulations 2006, I wish to refer the case relating to the above named to the HTA for consideration (Scotland).

I would be grateful if you could please provide an assessment by meeting with this donor, the person consenting on the donor’s behalf and the recipient. My colleagues have assessed *X (insert donor’s name)* as a prospective:

*(delete as appropriate)*

* bone marrow donor
* PBSC donor

This case requires an HTA decision because *X (insert donor’s name) is:*

*(delete as appropriate)*

* child who is not competent to consent to the removal of the transplantable material
* adult who lacks the capacity to consent to the removal of the transplantable material

Section 1: Donor, and person consenting on behalf of the donor, information

This section may include information on the potential donor such as age and relationship to the recipient.

It should include information for the AA on whether there are any communication difficulties, for example, whether a translator is required, and where the donor cannot be interviewed an explanation as to why that is the case.

This section may also contain details of the person consenting on behalf of the donor and their relationship to the donor.

This can be brief and is useful in order to provide the AA with some information to open questions at the start of the statutory interview.

Please tick the box below to confirm that the registered medical practitioner responsible for the donor has confirmed that (in all cases where the donor is a child) the person consenting on behalf of the donor has parental responsibility for the donor

Please tick the box below to confirm that the registered medical practitioner responsible for the donor is satisfied that the donor lacks competence or capacity to consent to the removal of the transplantable material

Please provide information here to confirm that the nature of the medical procedure and risks involved have been explained to, and understood by, the person consenting on behalf of the donor and that the donor has an age appropriate understanding.

Please tick the box below to confirm that the donor and/or person consenting on behalf of the donor understand that they are able to withdraw consent

Section 2: Recipient information

This section can be brief and should include diagnosis and relevant health history. You must state here if you have any concerns about the recipient’s capacity to be interviewed (for example if they are a baby/pre-verbal child).

Section 3: Independent translator

This section should include information on whether the use of an independent translator has been required for the donor, person consenting on behalf of the donor or recipient. Where an independent translator has been used, please include form [HTA IT (DC)](https://www.hta.gov.uk/sites/default/files/From_HTA_IT_(DC).pdf) with the referral letter.

Section 4: Best Interests Assessment

Clinicians with responsibility for the care of a donor must assure themselves that the donation is in the best interests of the donor before making a referral to an AA. This must be stated in this section of the referral letter.

Section 5: Court approval

This section should detail whether a court approval was obtained and the reasons for obtaining the court approval. (See [Code of Practice G](https://www.hta.gov.uk/sites/default/files/files/HTA%20Code%20G_0.pdf) for guidance on cases where court approval must be sought)

Thank you for seeing this potential donor, person consenting on behalf of the donor and recipient. Please do not hesitate to contact me should you require any further information or clarification regarding the information provided above.

Yours sincerely,

(Name, job title)

*(Signed on behalf of the registered medical practitioner or a person acting under the supervision of the registered medical practitioner)*