|  |  |
| --- | --- |
|  Date of HCC MDT:  |  Responsible Consultant:  |
| Referring Centre:  |  Referring clinician (if different from above)  |
| Patient name:  |  Date of birth:  |
|  NHS number:  GP code and postcode:  |  Diagnosis:  |
| **Eligibility criteria for managed access agreement** |
| Patient discussed by referring clinician at local MDT and agreed suitable for Voxelotor. Date of local MDT:  | Yes  | No |
| Confirmed diagnosis of sickle cell disease | Yes  | No |
| Age: 12 or over | Yes  | No |
| Most recent Haemoglobin value |  |
| Baseline Haemoglobin (Average value in past 6 months) |  |
| Most recent reticulocyte count |  |
| Most recent bilirubin |  |
| Most recent LDH |  |
| Number of transfusions in past 12 months |  |
| Number of red blood cell units transfused in past 12 months |  |
| Number of VOC in past 12 months |  |
| Number of ACS in past 12 months |  |
| Pulmonary Hypertension? |  |
| Number of emergency visits in past 12 months |  |
| Is the patient registered on the NHR? (required to submit data)  | Yes  | No |
| **Other relevant information** to support application e.g. complications of sickle cell disease, previous treatment:  |
| **MDT discussion:** |
| **MDT outcome** |
| Approved | **Yes** | **No (reason)** |
| **Further information required** |

**Voxelotor: HCC MDT Referral Proforma**

Submit via usual Oxford MDT pathway by emailing the form to:

**sandy.hayes1@nhs.net** and **maria.solismolero@nhs.net**