|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| 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**](mailto:sandy.hayes1@nhs.net) and **maria.solismolero@nhs.net**