

APPLICATION FOR INR MACHINE



Please write clearly

Full Name of Hospital or Centre Where Child Tested:	
Name of Health Professional: Job title/Position: Telephone Number: Address: Postcode:	
Email:	
Name of Child: Gender (Female/male): Child's Date of Birth: Heart Condition: Name of Parents / Carer/s: Telephone Number: Address: Postcode:	
Email:	
Please explain briefly why the INR machine is needed:	

Professionals Commitment:

- I confirm that the child mentioned above has a heart disorder and is suitable for this programme. I will ensure that the child's parent/carer is trained to use the INR machine and receives regular follow up training sessions.
- I will let CHF know as soon as we have received the INR machine and confirm the name of the child the machine is given to.
- I will report any misuse or problems with the INR machine to Children's Heart Federation.

Signed.....Print Name:Date.....

APPLICATION FOR INR MACHINE

Criteria for applying:

The Children's Heart Federation (CHF) considers applications for INR machines for children and young people with congenital heart disease up to the age of 19 and young adults in full-time education or with learning difficulties up to the age of 25.

Can you help?

The INR Service costs us approximately £50,000 per annum to run. We are entirely reliant on voluntary donations to provide this service. We would be very grateful if you were able to make a donation. Thank you.

Parents Commitment:

- I will look after the machine and return it to CHF if we no longer need it.
- I confirm that my Child's GP does not offer an INR service (and therefore we have a real need for an INR machine, that otherwise we would not be able to obtain it).
- I will be responsible for the maintenance of the machine and will contact Roche directly, if I have any issues with it. You can call Roche's CoaguChek Careline free on: 0808 100 7666 (www.coaguchek.com/uk).
- I will not use the machine without first receiving the appropriate training.
- I would like to be kept up to date with the latest news and developments at the Children's Heart Federation.

Signed.....Print Name:Date.....

Please return to:
INR APPLICATIONS
CHILDREN'S HEART FEDERATION
2-4 Great Eastern Street
London, EC2A 3NW

Tel: 020 7422 0630; Fax: 020 7247 2087 or email it to: SamanthaJ@chfed.org.uk

Privacy Policy: At the Children's Heart Federation information is fairly and lawfully processed. It is processed for limited purposes, is adequate, relevant and not excessive, accurate and up to date. It is not kept for longer than necessary, it is processed in line with your rights (i.e. the right to find out what personal information is held on computer and most paper records about oneself), secure and is not transferred to third parties without your permission.

.....

Office Use only:	Machine ordered	CLN informed.....
	Parent/s informed.....	Machine Received
	Machine recorded.....	Machine's code.....
	Training Received	Invoice Paid
	Invoice No	Cheque No