

This form is valid for a single dose of FMT for the named patient. Should a further dose be required additional FMT request and order forms will need to be completed. The price of a single FMT aliquot is £650. Please complete this form in full. Subject to ratification of the FMT request form, information given on the FMT Order form will be used to complete the order.

Part A: FMT request

Requester's information

Name, Position and Address:

Contact/bleep number:

Email:

Date of Request:

Consultant signature
(please also print name):

Patient information

Surname:

Sex:

M

F

First Name:

Is FMT contraindicated in this patient?

(delete as appropriate)

Date of Birth:

YES / NO

Hospital and ward:

FMT patient exclusion criteria:

- Ulceration/bleeding of the upper gastrointestinal tract
- Life threatening food allergies

NHS Number:

Hospital Number / PID:

Clinical details

How many episodes of
CDI has the patient had?

Date of last *C. difficile*
positive test:

C. difficile ribotype:

Result of CDI test (delete as appropriate):

Is the patient

Toxin positive / Toxin gene PCR positive

immunosuppressed?

Antibiotic treatment given for this CDI episode:

Antibiotic treatment given for all previous CDI episodes:

FMT supply information

FMT ordering is available Monday to Friday 9am–5pm by emailing a completed copy of this form to bhs-tr.FMT@nhs.net

Specialist advice in relation to FMT is available:

- Monday to Friday from 9 am–5 pm via the Microbiome Treatment Centre Clinical team on 0121 414 4547 and bhs-tr.FMT@nhs.net.

Confirmation of receipt of order will be provided within 24 hours of submission, if not received please contact the FMT team on bhs-tr.FMT@nhs.net or 0121 414 4547

Request ratification *for internal use only*

Name of Dr reviewing request:

Based on the information provided, has the request for
Specials use been ratified?

Position:

YES / NO

Date of ratification: