

Oxford Haemophilia & Thrombosis Centre
Churchill Hospital
Old Road
Headington
Oxford
OX3 7LJ

Skipton Part 2 application form

Name of applicant: _____

Name of deceased relative: _____

1. If you would like me to complete the form for you, please send a cheque for £75.00 made payable to the "Oxford Radcliffe Hospitals NHS Trust" to me here at the Oxford Haemophilia & Thrombosis Centre. **YES/NO**
2. You may request the return of your application form to you so that you may approach another doctor to do this for you. **YES/NO**
3. I could send the clinical records we hold on your relative to the Skipton office in London for their review although it will be entirely up to them to decide whether they would be prepared to do so. **YES/NO**

Signed: _____

Date: _____