

Anticoagulant Monitoring
Service
Patient e-mail request form

Blood Sciences Laboratory
Raigmore Hospital
Old Perth Road, Inverness
Telephone 01463 704210
Fax 01463 705648
www.show.scot.nhs.uk/nhshighland/



Dear Haematology team.

I would be grateful if you would send my INR results to me by e-mail.

Enter your name here : _____

Enter Address/Postcode here : _____

: _____

: _____

Enter Date Of Birth here : _____

Enter CHI number(if known) here : _____

Enter required e-mail address here : _____

I am signing below to confirm that I understand the following:

1. That I must regularly check my e-mail in box for instructions after each blood test.
2. That I will still receive a printed dose instruction through the post.
3. That I must inform the Haematology department in writing if my e-mail address changes.
4. That sending my information by e-mail cannot be considered totally confidential.
5. That my GP remains the first point of contact for advice relating to anticoagulation.
6. That I will not receive a reply if I send an e-mail to the NHS Highland anticoagulant address.

Please sign and date the form below and send to

'Anticoagulant Monitoring Service',
Department of Haematology,
Raigmore Hospital,
Inverness,
IV2 3UJ

Signed : _____

Date : ____/____/____