



Dear Colleague,

Please complete both the accompanying FMT Request Form (FMT-DON-009) and FMT Order Form (FMT-DON-010) for each patient you are requesting an FMT treatment for.

You may complete the FMT request and Order forms manually or electronically **but both completed forms** must be emailed back to our secure NHS inbox: [bhs-tr.FMT@nhs.net](mailto:bhs-tr.FMT@nhs.net)

If you wish to complete the forms manually you will need to print both the FMT request and FMT order forms. After completing all the sections of both forms, please ensure the Requesting Consultant has hand signed the FMT request form before scanning and emailing both forms back to the FMT inbox.

If you are completing the forms electronically using a PDF viewer (i.e ACROBAT), you should be able to complete each field in the form by clicking into it. If for any reason your trust computers do not allow this you can complete the form using the "Fill & Sign" function in Acrobat.

The requesting consultant must sign the FMT request form on **page 1**. This can be done, electronically by clicking into the field and following the instructions or using "Fill and Sign". Alternatively they can hand sign the printed form.

If the request and order forms are not being completed by the requesting consultant, you may complete the forms, (electronically or manually) print them off and obtain the requesting consultants hand signature before scanning and emailing them to the FMT inbox.

Once you are ready to submit your signed and completed FMT Request Form and Order Form, please ensure you have copied in all the team members you wish to be included in the email trail relating to your FMT request.

**Please Note:**

- 1) Any FMT requests received that do not carry a requesting consultants signatures (hand signed/digital stamp) will not be ratified.
- 2) **DO NOT** sign the Ratification Section on page 2 of the request. This is for internal use only and is to be completed by the MTC clinicians.
- 3) Each FMT request form (FMT-DON-009) must be accompanied by a completed FMT order form (FMT-DON-010) at the time of request. A valid purchase order (PO) number to cover the cost of the treatment is required on the order form at the point of request, failing to provide one may cause delays in processing your request.

Thank you in advance

**Miss Sahida Shabir**

**MTC Manager**