

Appendix 2

Exception Reporting Communications Document (for LNU/SCU)

Badgernet ID:	
Date of Birth:	
Gestation:	
Consultant Neonatologist (NICU): <input type="checkbox"/> OUH <input type="checkbox"/> UHS <input type="checkbox"/> PHT	
Does this baby need to be transferred? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Reason for Non Transfer (Brief Description): 	
Agreed Action: 	
Signature Referring Consultant:	Date of discussion:
Printed Name:	Time of discussion:
Send to: england.tv-w-neonatalnetwork@nhs.net	