

The National Liver Transplant Unit
Tel: (01) 221 4248/4855 Fax: (01) 221 3407
E-mail: liver.secretary@svuh.ie

Declaration of Commitment to Repatriation

Patient Demographics

Name:

Date of Birth:

MRN/Chart Number:

Ward:

Hospital:

I, _____ (Block Capitals) confirm that I have spoken to
Dr/Mr/Ms/Prof _____ (Block Capitals) and he/she has given an
undertaking to re-admit the above patient to _____ Hospital from the
National Liver Transplant Unit, St Vincent's University Hospital, following their treatment
should this be required.

Transfer back to the referring hospital is expected to take place within 24 hours after being
notified and accepted.

Signature: _____

MRCN: _____

Date: _____

Consultants

Professor Aiden McCormick MD FRCP FRCPI, FEBGH,FAASLD

Assoc. Prof Ross Mac Nicholas MMSc FRCPI FEBGH

Dr Masood Iqbal MRCPI,MRCP,FCPS,FEBGH

Dr Julia Sopena Falco, MD

Dr Zita Galvin, MD BSc MRCPI

Dr Omar Elsherif, MB BCh PhD

Dr Audrey Dillon, MB, BCH, MRCPI,MSC