



# Inter HealthCare Transfer Form

LCC IPC Guidance

Next Review October 2024

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Is the service user aware of their colonisation / infection status? Yes  / No

If no, please give reason:

Has the service user received information about their condition? (Patient leaflet) Yes  / No

Has ambulance service been informed? Yes  / No

*This should be done when booking the transfer.*

If no, please give reason.

Name of staff member completing form:

Name:

Contact number:

Date completed:

