

- Please complete this form as fully as possible at the time of decision to transfer.
- If hospital labels are available they may be stuck in the allocated box as an alternative to completing sections 1-7.
- The Transfer Ref No will be allocated by the Cot Bureau Administrator that takes the transfer request call. **Please ensure that this number is placed in the space allocated on this form and also Form C.**
- This form should be faxed along with **Form C** as soon as possible or the next working day to the Cot Bureau on **0161 276 6451**.
- It is anticipated that Form A will be completed by the ward clerk (or another designated member of staff) to provide some further details about both the mother and infant. **Both Forms A and C should then be retained in the file provided**, as these will be needed in the future for review by the audit coordinator.

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**Transfer Ref No:**

**Date of Transfer:**

**Base Unit:**

**Patient Details:**

1. **Surname:**
2. **Forename(s):**
3. **Date of Birth:**
4. **Hospital Number:**
5. **NHS Number:**
6. **Home Address:**
7. **Postcode:**
8. **Consultant:**

Hospital Label

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**Comments:**