



THE SOCIETY FOR  
VASCULAR TECHNOLOGY OF  
GREAT BRITAIN AND IRELAND

## Reference Request to Previous Line manager

**Applicant's name:** Mr Rajib S Das

The above named applicant has applied to sit the SVT practical examination. This is the final assessment on the route to becoming an **Accredited Vascular Scientist**. Applicants must fulfil certain eligibility criteria before they are entitled to sit the examination. The applicant has proposed that as their **previous line manager** you can help confirm their eligibility. We would be grateful if you could fill in the details below.

Applicants previous job title	Trainee Vascular Scientist
Applicants previous Employer/Hospital	Imperial College Healthcare NHS Trust
Start date of applicants previous job	November 2016
End date of applicants previous job	July 2018
Applicants previous weekly hours working in vascular ultrasound diagnostic scanning	20 hours/Week
How long have you known the applicant?	5 Years

**Applicants must have performed a minimum number of scans and ABPIs. Approximately how many scans in each of the core modalities listed below has the applicant performed during their previous employment?**

Bilateral duplex of carotid and vertebral arteries	0 <input type="checkbox"/>	1 – 100 <input type="checkbox"/>	101-300 <input type="checkbox"/>	301-600 <input type="checkbox"/>	>600 <input type="checkbox"/>
Single leg duplex of arteries (aorta-TPT, inc iliacs)	0 <input type="checkbox"/>	1 – 100 <input type="checkbox"/>	101-300 <input type="checkbox"/>	301-600 <input type="checkbox"/>	>600 <input type="checkbox"/>
Single leg duplex of arteries (aorta-ankle)	0 <input type="checkbox"/>	1 – 100 <input type="checkbox"/>	101-300 <input type="checkbox"/>	301-600 <input type="checkbox"/>	>600 <input type="checkbox"/>
Single leg graft duplex	0 <input type="checkbox"/>	1 – 100 <input type="checkbox"/>	101-300 <input type="checkbox"/>	301-600 <input type="checkbox"/>	>600 <input type="checkbox"/>
Single leg duplex of primary varicose veins	0 <input type="checkbox"/>	1 – 100 <input type="checkbox"/>	101-300 <input type="checkbox"/>	301-600 <input type="checkbox"/>	>600 <input type="checkbox"/>
Single leg duplex of recurrent varicose veins	0 <input type="checkbox"/>	1 – 100 <input type="checkbox"/>	101-300 <input type="checkbox"/>	301-600 <input type="checkbox"/>	>600 <input type="checkbox"/>
Ankle Brachial Pressure Indices-bilat	0 <input type="checkbox"/>	1 – 100 <input type="checkbox"/>	101-300 <input type="checkbox"/>	301-600 <input type="checkbox"/>	>600 <input type="checkbox"/>
ABPI pre+post exercise-bilat	0 <input type="checkbox"/>	1 – 100 <input type="checkbox"/>	101-300 <input type="checkbox"/>	301-600 <input type="checkbox"/>	>600 <input type="checkbox"/>

**Please include any other comments you may have (please continue on the reverse of the page if required).**

**Email Address:** m.aslam@imperial.ac.uk.....

**Signed...**  **Print Name:** Dr Mohammed Aslam.....

**Designation:** Director: MSc Medical Ultrasound & vascular Lab Manager.....

**Date...**30/06/2021.



By signing this form you consent for your information to be uploaded to the SVTGBI website and for the SVTGBI to contact you in regards to this reference.