



THE SOCIETY FOR  
VASCULAR TECHNOLOGY OF  
GREAT BRITAIN AND IRELAND

## Reference Request to Current Line manager

**Applicant's name:** Amitkumar Patel

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 **current line manager** you can help confirm their eligibility. We would be grateful if you could fill in the details below.

**Applicants must be currently employed in the UK or Ireland to perform vascular ultrasound diagnostic investigations**

Applicants current job title	Clinical Vascular Scientist
Applicants current Employer/Hospital	Bedfordshire Hospitals NHS Foundation Trust
Start date of applicants current job	September 2016
Applicants current weekly hours working in vascular ultrasound diagnostic scanning	37.5 hours
How long have you known the applicant?	6 months
Applicants start date of UK or Ireland employment	Not applicable – applicant is UK national

**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 current employment?**

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

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

Email address [nia.davies@bedfordhospital.nhs.uk](mailto:nia.davies@bedfordhospital.nhs.uk)

Signed..... ..... Print Name..... **NIA DAVIES**.....

Designation..... **SENIOR SERVICE MANAGER**.....

Date..... **22/6/2020**.....

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.