



THE SOCIETY FOR  
VASCULAR TECHNOLOGY OF  
GREAT BRITAIN AND IRELAND

## Reference Request to Vascular Consultant

Applicant's name: DANIEL ALLEN SIMS

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 **Vascular Consultant** you can help confirm their eligibility. We would be grateful if you could fill in the details below.

Applicants current job title	SENIOR CLINICAL VASCULAR SCIENTIST
Applicants current Employer/Hospital	VASCULAR SOLUTIONS LTD. (LEWISHAM AND GREENWICH TRUST)
Start date of applicants current job	06/06/2017
Applicants current weekly hours working in vascular ultrasound diagnostic scanning	37.5HRS/WEEK
How long have you known the applicant?	2.5YEARS

Where applicable please comment on your perception of the applicant's proficiency in the following areas:

Duplex of carotid and vertebral arteries	Poor <input type="checkbox"/>	Acceptable <input type="checkbox"/>	Good <input type="checkbox"/>	Excellent <input checked="" type="checkbox"/>
Duplex of lower limb arteries	Poor <input type="checkbox"/>	Acceptable <input type="checkbox"/>	Good <input type="checkbox"/>	Excellent <input checked="" type="checkbox"/>
Duplex of varicose veins	Poor <input type="checkbox"/>	Acceptable <input type="checkbox"/>	Good <input type="checkbox"/>	Excellent <input checked="" type="checkbox"/>
Ankle Brachial Pressure Indices	Poor <input type="checkbox"/>	Acceptable <input type="checkbox"/>	Good <input type="checkbox"/>	Excellent <input checked="" type="checkbox"/>

Please comment on the applicant's ability to write clear reports and relay urgent findings appropriately:

*Excellent and reliable scanning and description of the finding.*

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

*Very good understanding of the disease, correlation with symptoms and implications for treatment. Correspondence with angio and cr confirms quality of the scanning*

Email Address: tommaso.donati@gstt.nhs.uk

Signed: Tommasso Donati Print Name: TOMMASO DONATI

Designation: VASCULAR CONSULTANT GSTT & UHL

Date: 16/10/2019

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.