



THE SOCIETY FOR
VASCULAR TECHNOLOGY OF
GREAT BRITAIN AND IRELAND

Reference Request to Previous Line manager

Applicant's name: MR IKHLAQ AHMAD RANA

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 CLINICAL VASCULAR SCIENTIST TRAINER/STUDENT

Applicants previous Employer/Hospital IMPERIAL COLLEGE LONDON

Start date of applicants previous job 01/10/2016

End date of applicants previous job 30/09/2017

Applicants previous weekly hours working in vascular ultrasound diagnostic scanning 40h/wk.

How long have you known the applicant? 3 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	<input type="checkbox"/>	1-100 <input checked="" 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)	<input type="checkbox"/>	1-100 <input checked="" type="checkbox"/>	101-300 <input type="checkbox"/>	301-600 <input type="checkbox"/>	>600 <input type="checkbox"/>
Single leg duplex of arteries (aorta-ankle)	<input type="checkbox"/>	1-100 <input type="checkbox"/>	101-300 <input checked="" type="checkbox"/>	301-600 <input type="checkbox"/>	>600 <input type="checkbox"/>
Single leg graft duplex	<input type="checkbox"/>	1-100 <input checked="" type="checkbox"/>	101-300 <input type="checkbox"/>	301-600 <input type="checkbox"/>	>600 <input type="checkbox"/>
Single leg duplex of primary varicose veins	<input type="checkbox"/>	1-100 <input type="checkbox"/>	101-300 <input checked="" type="checkbox"/>	301-600 <input type="checkbox"/>	>600 <input type="checkbox"/>
Single leg duplex of recurrent varicose veins	<input type="checkbox"/>	1-100 <input type="checkbox"/>	101-300 <input checked="" type="checkbox"/>	301-600 <input type="checkbox"/>	>600 <input type="checkbox"/>
Ankle Brachial Pressure Indices-bilat	<input type="checkbox"/>	1-100 <input checked="" type="checkbox"/>	101-300 <input type="checkbox"/>	301-600 <input type="checkbox"/>	>600 <input type="checkbox"/>
ABPI pre+post exercise-bilat	<input type="checkbox"/>	1-100 <input checked="" 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).

THE CANDIDATE IS MEDICALLY QUALIFIED AND HAD ALSO PASSED THE AMERICAN ACCREDITATION EXAMS.

Signed M. Aslam Print Name DR MOHAMMED ASLAM

Designation LAB MANAGER / DIRECTOR MSc VAS v/s MSc

Date 24/01/2019

Dr M ASLAM
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