



THE SOCIETY FOR  
VASCULAR TECHNOLOGY OF  
GREAT BRITAIN AND IRELAND

## Reference Request to Vascular Consultant

**Applicant's name:** Muhammad Suleman Choudhury

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	Clinical vascular scientist
Applicants current Employer/Hospital	Lewisham and Greenwich NHS Trust
Start date of applicants current job	01/01/2018
Applicants current weekly hours working in vascular ultrasound diagnostic scanning	37.5
How long have you known the applicant?	<1 year

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:

Clear, legible reports, clear and concise.

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

Email Address..... hayley.moore5@nhs.net.....  
Signed..... *H. Moore*..... Print Name..... H. MOORE.....  
Designation..... SCF, ACTING CONSULTANT.....  
Date..... 23/10/20.....

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.