



THE SOCIETY FOR
VASCULAR TECHNOLOGY OF
GREAT BRITAIN AND IRELAND

Reference Request to Vascular Consultant

Applicant's name: Igor Stanisc _____

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 Ultrasound Scientist
Applicants current Employer/Hospital	Guy's and St. Thomas' NHS Foundation Trust
Start date of applicants current job	11/07/2011
Applicants current weekly hours working in vascular ultrasound diagnostic scanning	37.5
How long have you known the applicant?	> 5 years

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

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

Igor follows the Ultrasonic Angiology Department protocols; his reports are clear and urgent results are relayed according to agreed local pathways.

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

Igor is a responsible, competent and skilled clinical scientist who works well independently in One-stop clinics, as well as part of the team in the Department.

Email

Address.....hany.zayed@gstt.nhs.uk.....

Signed.....

Hany Zayed

Print Name...Mr Hany Zayed.....

Designation.....Consultant Vascular Surgeon.....

Date.....

01.07.2021

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.