

LETTER FOR HEMOPHILIA OR VWD PATIENTS  
TRAVELING WITH FACTOR PRODUCTS

DATE: \_\_\_\_\_

WT: \_\_\_\_\_

RE: \_\_\_\_\_

To Whom It May Concern:

\_\_\_\_\_ is a patient registered with the Mary M. Gooley Hemophilia

Center with a diagnosis of:

Hemophilia \_\_\_\_\_ Level \_\_\_\_\_ Date and result of last inhibitor \_\_\_\_\_

Von Willebrand Disease \_\_\_\_\_ Other \_\_\_\_\_

Physicians caring for the patient are \_\_\_\_\_  
Primary Care Physician \_\_\_\_\_ Hematologist \_\_\_\_\_

In the past, this patient has responded well to \_\_\_\_\_

and has been given permission to carry this while traveling \_\_\_\_\_

Dosage: \_\_\_\_\_ Initial: \_\_\_\_\_

Follow-up: \_\_\_\_\_

There are also enough supplies, including necessary needles and syringes, to administer the factor concentrate (a white powder before mixed). Instructions are enclosed in the package for reconstitution and administration.

If you have any questions or problems, please contact our Hemophilia Center at (585) 922-5700 Monday through Friday from 8:00 am - 4:00 pm. After hours call Rochester General Hospital at (585) 399-1717 and ask for the Hemophilia Hematologist on-call.

Sincerely,

Jennifer Franco, RN, BSN  
Carolynn Leccese, RN, BSN  
Jennifer Savary, RN  
Celine T. Bradley, RN, BSN