



Inter HealthCare Transfer Form

LCC IPC Guidance

Next Review October 2025

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Developed by:	The IPC Team on behalf of the Lancashire County Council
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Is the service user aware of their colonisation / infection status? Yes / No

If no, please give reason:

Has the service user received information about their condition? (Patient leaflet) Yes / No

Has ambulance service been informed? Yes / No

This should be done when booking the transfer.

If no, please give reason.

Name of staff member completing form:

Name:

Contact number:

Date completed:

