**National Paediatric Haematology / Oncology and**

**Bone Marrow Transplant Centre Haematology Division**

|  |
| --- |
| **Patient Name:** |
| **Date of Birth:** |
| **HcRN:** |

Dear GP

…………………………………………………………… has received vaccinations for MenB and MenACWY on ……………….…………………

Regards

……………………………………………………………..…..
**CHI at Crumlin Haemoglobinopathy Team**