



SAMPLE TRAVEL LETTER

Please note that each Hemophilia Treatment Center (HTC) or Hematologist will have their own version of this letter. This sample is intended to give you a sense of what information may be included.

This letter should be printed on your HTC's or doctor's stationery

Date: ____ (within 6-12 months of travel dates) ____

Patient Name: _____

Date of Birth: _____

To Whom It May Concern:

The above named patient is under the care of _____ (HTC/Hematologist Name) _____. He/she has a diagnosis of _____, which is treated with intravenous infusions of factor concentrates to stop or control bleeding episodes. While traveling, the patient has a travel bag that is carried with him/her at all times, including on airplanes. It contains the factor concentrate (a white powdery substance that is reconstituted with sterile water) and necessary infusion supplies. These supplies include syringes and needles used to mix and administer the factor concentrate. There may also be an ice pack included in the travel bag.

This medication must stay with the patient at all times in the event of a bleeding episode. In addition, these factor products are extremely costly and temperature sensitive. They should not be packed in checked luggage in order to avoid loss, theft, breakage or product destruction.

Your HTC / Hematologist may or may not include specific factor product and dosing information

Please contact us if you have any questions concerning this patient's care and the need for them to have these items in carry-on luggage while traveling. During regular business hours, please call _____. After hours, please call _____.

Sincerely,

Doctor

Nurse Coordinator