



## Out Form for South West Neonatal Operational Delivery Network Policies Formal Opt - Out

<b>To be completed by the provider Trust</b> <b>Please complete in BLOCK CAPITALS</b>	
<b>Provider Trust:</b>	
<b>Guideline, Policy Opt - Out Title :</b>	<b>Rationale for Opt - Out :</b>
<b>Signature of Clinical Lead :</b>  <b>Signature:</b> _____  <b>Print Name:</b> _____  <b>Date:</b> _____  <b>Email address:</b> _____	<b>Medical Director Trust :</b>  <b>Signature:</b> _____  <b>Print Name:</b> _____  <b>Date:</b> _____  <b>Email address:</b> _____
<b>Date Received by the Network Team :</b> _____	
<b>Send signed copy to:</b> South West Neonatal Operational Delivery Network Level C, Room C-061 St Michael's Hospital Southwell Street Bristol BS2 8EG Or email scanned signed copy to: <a href="mailto:swneonatalnetwork@uhbristol.nhs.uk">swneonatalnetwork@uhbristol.nhs.uk</a>	