MR O'BRIEN: Sorry, Colin. My apologies. I'm dosed.

COLIN WEIR: Are you? So is Clare my secretary.

MR O'BRIEN: Mmm?

COLIN WEIR: Clare my secretary told me she's dosed.

MR O'BRIEN: We were in [redacted] and came home yesterday and even before I was leaving, I had a sore throat and I was up several times during the night. And if I hadn't come here, I would tell you where I'd been be. I'll not sit too close to you.

COLIN WEIR: So I thought -- I was going through your emails. So there are two ways of doing this. Either we just work at this as a 12-week cycle or because it is a bit complicated and the other way of doing is to annualise your entire job plan. So what you say is that you -- basically, you do your urologist of the week sessions 1 and 6 but all your other clinical sessions you deliver 42 sessions here.

MR O'BRIEN: Yes.

COLIN WEIR: And that's it. So just work through each day and saying, right, I will, but the 42 Mondays some whatever, you know, you take the SWAH. You're doing about what, about a third. It is sort of every second Monday of the month. Is that right? So once a month basically. Something like that. So you would say of the 42 weeks I would deliver you know, I don't know, maybe eight SWAH clinic or nine SWAH clinics a year.

MR O'BRIEN: No. The way we do it is I am delivering 12.

COLIN WEIR: But you're there irrespective of annual leave.

MR O'BRIEN: I fit my annual leave in and around it.

COLIN WEIR: Right. Okay. Doing it annualise -- some people are doing or and some people don't do it. Some people just like to have it just kind of like as everything ~~doh~~. You know, every single thing stated very explicitly. It shouldn't in theory make a difference. It just makes maybe job planning -- maybe it's a little bit more flexible when you annualise it. You commit to delivering this number of sessions. So what you're saying is I am doing it around my annual leave.

MR O'BRIEN: I do my annual leave around it.

COLIN WEIR: You know, but you're saying, no matter what, I deliver 12 SWAH clinics a year and that's so an annualised way of looking at it.

MR O'BRIEN: I appreciate that.

COLIN WEIR: So it could be to your advantage in terms of your PA allocation because that's certainly --

MR O'BRIEN: What I have done in looking at this is to prioritise what I see are~~or~~ the clinical priorities.

COLIN WEIR: Okay.

MR O'BRIEN: The SWAH clinic until it ends, and then it's out of our hands, is a priority. The last time we spoke about this I think the priority criterion was one of geography but it is much more than that now because I deal with an awful lot of the cancer patients from Fermanagh and parts of west Tyrone at SWAH without which I just couldn't even handle them all here.

COLIN WEIR: Okay.

MR O'BRIEN: So we have a lot of -- the great bulk of the cancer reviews from that entire geographical area I do there. In fact, some of the new referrals of cancers in elderly people I do there as well.

COLIN WEIR: Okay. We can go through it. I am trying to figure out because it is complicated. We can do it through this 12-week cycle and see what way it maps out.

MR O'BRIEN: Yes.

COLIN WEIR: So if we said and then at the end what I am suggesting, what I have done with others, is the MDM chair and the triage thing is annualised, so we don't have to fit that in around anything. It's just something. If, say, you were sitting at home doing that, it means you get recognised. You get paid for doing that even though you are sitting at home you're just delivering that activity.

MR O'BRIEN: That's where I do it, at home, I get up early on a Thursday morning when I am doing it.

COLIN WEIR: So it doesn't have to appear at Thursday at 2 o'clock or something. It just says annualised activity and you're just doing it and that is it. Again, it means it recognises what you do. It's flexible for you. You decide when and where you do it as long as you do it. Okay. So that's way we can do those two activities, MDM chair and triage.

MR O'BRIEN: Yes.

COLIN WEIR: All right. So if you help me with this. So SWAH -- say we worked off a 12-week cycle, you would be doing three SWAH clinics and that is all day.

MR O'BRIEN: Yes, that's right. All day, yes.

COLIN WEIR: And then plus travel time.

MR O'BRIEN: Yes. I think that the way that you have it is almost correct. Correct me if I am wrong, but you have allowed one hour of travelling time.

COLIN WEIR: 25 is from Craigavon and then 75 minutes at the other end.

MR O'BRIEN: Yes.

COLIN WEIR: So you get an hour and a half. No, you get more than that. You're getting two and a half and hours.

MR O'BRIEN: My understanding of it is that that it is not correct. I think the way you have it at moment is that I am getting one hour in addition to normal travelling time. I think that's the way it is.

COLIN WEIR: If we ...

MR O'BRIEN: So you have it down from 9 until 10.

COLIN WEIR: It's from -- don't worry about the weeks because that all needs changed and rewritten. But 07.15 and then.

MR O'BRIEN: I haven't seen that.

COLIN WEIR: That's what the original was.

MR O'BRIEN: What is it?

COLIN WEIR: Leaving at 07.15 which includes travel time. To the Erne. It says the Erne rather than SWAH. That shows that's a little bit out of date. Then finishing and returning at 18.15. So is that -- those times?

MR O'BRIEN: But that doesn't --

COLIN WEIR: What time does your ~~client~~ clinic start at?

MR O'BRIEN: 10.

COLIN WEIR: Oh, 10.

MR O'BRIEN: 10.

COLIN WEIR: Right.

MR O'BRIEN: The clinic starts at 10.

COLIN WEIR: And finishes at?

MR O'BRIEN: So my understanding of is, and again you can correct me, is that the travelling time that was being allocated was the travelling time that would be normally regarded as the travelling time over and above the normal travelling time.

COLIN WEIR: Yes, home to base.

MR O'BRIEN: Isn't that right?

COLIN WEIR: Yes.

MR O'BRIEN: But you don't come here to go to travel to --

COLIN WEIR: No. All it will let me do is say the travel time is -- is travel time linked to this activity? Yes. And it just puts the location in. So I'll just put the time you leave the house and the time you arrive back.

MR O'BRIEN: I leave the house on those mornings at 8.30.

COLIN WEIR: Let's say 08.30 and return.

MR O'BRIEN: That's one quibble I have with you. I thought that we had last time had agreed that the clinic would run to 5.30 rather than the 5. Now, the clinic should end at 5 because that is the clinic ending time but it certainly does require me to stay that to order up the scans and so forth that I may not have had time to do. Particularly when you are reviewing cancer reviews and you're organising CTs and MRIs, they're time consuminge. So I would be happier still if you put down that I will leave home at 8.30. The clinic starts at 10 but it ends at 5.30 and then I'm home at 7.

COLIN WEIR: Okay. It's a quite long day.

MR O'BRIEN: Absolutely.

COLIN WEIR: Okay.

MR O'BRIEN: Particularly, like the last one I did there, in order to fit in cancers, you know, that clinic the agreed number attending is 16. I saw 19 the last day and.

COLIN WEIR: 19?

MR O'BRIEN: Patients.

COLIN WEIR: In an all-day clinic.

COLIN WEIR: Okay. That's all new patients or new and review?

MR O'BRIEN: New and review.

COLIN WEIR: Okay.

COLIN WEIR: All right.

MR O'BRIEN: I'll do three of those in a --

COLIN WEIR: Okay.

MR O'BRIEN: -- in a 12-week cycle.

COLIN WEIR: (Inaudible) okay, so lets just work through this (inaudible). So that's right. So I have that. It is going to take me an hour or two but if I get this down in paper form, then we can work off it or I can work off it much more easily. Then you were saying that on the weeks that you do the clinic, Monday.

MR O'BRIEN: Yes, so the second -- just to let you, it'll not matter with regard to the way my job plan works out, but we had become a little too flexible in recent times, Michael and I, with regard to the Mondays that we were choosing to go to SWAH depending upon on our other various commitments. And we were put in our box recently by an email from SWAH, telling us that we were choosing Mondays when there wouldn't necessarily be a room available to do our clinic. So it's very much the second and fourth Monday of the month Michael and I going there. It doesn't matter whether I go on the second. Sometimes we swaop around. That doesn't matter. But in between times, yes, I will then two weeks before or after, or whatever it will, an alternative week, I'll go to Armagh on a

Monday morning.

COLIN WEIR: On the other weeks?

MR O'BRIEN: Yes.

COLIN WEIR: Sorry, on -- okay, on the other Monday mornings you or?

MR O'BRIEN: Once a month.

COLIN WEIR: Once a month.

MR O'BRIEN: So I will do three of those in a 12-week cycle.

COLIN WEIR: Three of those in a 12-week cycle.

MR O'BRIEN: Yes.

COLIN WEIR: So let's put Armagh. AM?

MR O'BRIEN: AM. So that's 9 until 1/1.30, whatever it is. And there is no travelling in that because I go from home to there.

COLIN WEIR: So in a 12-week cycle you are doing that three?

MR O'BRIEN: Three times.

COLIN WEIR: Okay. (inaudible – working out job plan on paper)

MR O'BRIEN: So Armagh is a Monday morning.

COLIN WEIR: Yes.

COLIN WEIR: Week 1 on call. Week 1 is --

MR O'BRIEN: The way that you have it on that proposed plan that you sent me in April, I have to confess I actually didn't realise until I was contacting you and checked that I had even -- you'd sent me one in April. I thought we hadn't touched on this since July of last year. But that's an aside. On the one that you sent me in April there. So the way you have it is fine. You have week 1 and week 7 is the urologist of the week. Okay. Week 1 and week 7 is urologist of the week.

COLIN WEIR: So on one of those 12 weeks I am going to have put in urologist of the week, SWAH, Armagh, urologist of the week, SWAH, Armagh. Then I am going to have put in an extra Armagh clinic in that 12-week cycle.

MR O'BRIEN: In fact, actually in this one here, you don't have any Armagh ones in.

COLIN WEIR: Well, just leave it. If I can get this down on paper I can rewrite it. Okay.

MR O'BRIEN: Okay.

COLIN WEIR: So SWAH three per 12 weeks.

MR O'BRIEN: Yes.

COLIN WEIR: Armagh.

MR O'BRIEN: Three per 12 weeks. Okay.

COLIN WEIR: Yes. So that's one on Monday and the time is, Armagh?

MR O'BRIEN: 9 until 1/1.30, whatever it is.

COLIN WEIR: Okay. Then on those Armagh weeks in the afternoon --

MR O'BRIEN: I don't do anything.

COLIN WEIR: What do you want down for that or what do you want to do?

MR O'BRIEN: What I do in reality is I dictate my clinic.

COLIN WEIR: Okay.

MR O'BRIEN: In the afternoon. I do administration.

COLIN WEIR: So patient related admin let's put that.

MR O'BRIEN: Okay.

COLIN WEIR: All right. That's fine. We can put that down as a thing. All right. Okay.

MR O'BRIEN: I am just thinking there on your behalf because I just thought, whilst I have said that the SWAH clinic for clinical reasons is really important that I do three of them I am just thinking out loud, that in a 12-week cycle you have ten extra -- ten weeks left after you take the two urologist of the week. If I am going definitely do three in SWAH and another three, that only leaves four Mondays, Tuesdays left in a 12-week cycle which mightn't be enough. So there is always that possibility that I could just do two Armagh clinics in a 12-week cycle because the waiting times are -- they are the shortest for that. That's just a little flexibility item. Because then on those weeks, when I am either in Armagh or in SWAH, I will not be here on a Tuesday.

COLIN WEIR: No activity.

MR O'BRIEN: No clinical activity. No fixed clinical commitments.

COLIN WEIR: All right. So, okay.

MR O'BRIEN: Because I will tell you what happens. What I am doing is, — the whole digital dictation thing just does not work from South West Acute hospital. Michael doesn't use digital dictation at South West Acute hospital. I have tried and it is unreliable. It is a pain in the butt. They haven't provided us ever, you see, with access or we don't have ...

COLIN WEIR: Okay. So.

MR O'BRIEN: On a Tuesday.

COLIN WEIR: You just do the dictation.

MR O'BRIEN: No, I do my SWAH clinic dictation from home remotely.

COLIN WEIR: But, Aidan, but -- that's you're having an extended day, haven't done any dictation on a Monday, that's for a lengthy, generous day. And then you have additional, like, so like that's like a day and a half for 19 patients. Is that not ~~that~~ a but too much in terms of your -- in terms of the efficient -- could not the Trust not look at that and say that's very inefficient to work with?

MR O'BRIEN: They can do whatever they like but that's the reality for me and, you know, that's --

COLIN WEIR: And Michael is the same?

MR O'BRIEN: Michael -- my understanding of it is that Michael -- he dictates on the day but he dictates into a dictaphone.

COLIN WEIR: Can you not just -- but like a tape with an old-fashioned tape?

MR O'BRIEN: Yes.

COLIN WEIR: Could you not do that during the clinic or is that not an option for you?

MR O'BRIEN: In the conditions of my return to work I was not allowed to use ~~a~~ tapes anymore and quite frankly I prefer to use digital. So I get up on a Tuesday morning after I do my SWAH and from home I dictate my clinic.

COLIN WEIR: Okay. I am not arguing with you just what I am~~(inaudible)~~ saying I'm just trying to be a devil's advocate and saying right. So let's Monday get Monday done. So do you want two or three Armagh clinics on the Monday morning. You decide what you want to do.

MR O'BRIEN: I'll do three.

COLIN WEIR: You will do three.

MR O'BRIEN: Yeah.

COLIN WEIR: But you can change it.

MR O'BRIEN: It can be.

COLIN WEIR: You change that. So let's say -- so we'll say Armagh three per week. Then in the afternoon --

MR O'BRIEN: Can I just say you've hit the nail on the head there with regard to the number of Armagh clinics because when we were scheduling for any particular month depending on who's going to be urologist of the week, who's going to be on annual leave, there will be Tuesdays, if I could just relate Tuesday to Monday, there will be Tuesdays when there could be the next four weeks when I am only going to be offered one day surgical unit operating session and there will be -- like an October -- now for October I have two. Do you know what I mean. So if I were to be offered, let's say for example, we are sitting there scheduling at the end August for October, and because of annual leave or who's urologist of the week, I'm offered two day surgical unit sessions on a Tuesday, then I'll opt to work on a Tuesday that week and I'll not go to Armagh because day surgery is more important.

COLIN WEIR: Okay. Right. What about -- so we have got SWAH, the times, the travel time, Armagh, patient related admin in the afternoon. So that's covering. So we have got

eight weeks covered which includes your urologist of the week. So what about the other four weeks.

MR O'BRIEN: ~~(Inaudible)~~or five. Yes. So I'll not having any clinics on a Monday.

COLIN WEIR: Okay.

MR O'BRIEN: And on a Tuesday I'll do day surgery in the morning.

COLIN WEIR: Okay. But on the weeks, say, those weeks that I am missing on the Monday am and pm, are you going to be here or doing something for SPA or something.

MR O'BRIEN: I can be doing SPA but I won't be having a clinic, fixed clinic session. I could be doing patient administration. I could be doing SPA but I'll not be --

COLIN WEIR: I'll just make a note. SPA, Admin.

MR O'BRIEN: Admin, yeah, but no clinic.

COLIN WEIR: I'll have to look at this -- I suppose the SPAs, you know, everybody is somewhere between 1.5, maybe a little bit above that for most people. So I'll just, once I've started to put the figures in, I'll look at how it is looking. All right. So that gives me Monday. Covered. You are happy. That should be okay. That's fine.

Right, so on the Tuesday we've got week 1 and 7 is urologist of the week. Then -- so you are saying on the weeks you were doing the clinics you don't want fixed clinic on the Monday ~~.~~--

MR O'BRIEN: I am going effectively fixed clinic session-wise to a four-day week.

COLIN WEIR: Okay.

MR O'BRIEN: So I'll either have a fixed clinic commitment on a Monday in which case I'll be off on the Tuesday.

COLIN WEIR: What do you mean, not working or?

MR O'BRIEN: No fixed clinic session on a Tuesday. Or I will have fixed clinic sessions on a Tuesday. My Tuesdays are straightforward. And I won't have them on a Monday.

COLIN WEIR: I am just putting in as place holder that week 2, 3, 6, 8, and 11 and 12. That's all day, is it?

MR O'BRIEN: Where?

COLIN WEIR: On the Tuesday.

MR O'BRIEN: On the Tuesday day surgery in the morning. Operating.

COLIN WEIR: But on the days that you have been to SWAH, you do nothing, no fixed clinical commitments on the Tuesday. All day?

MR O'BRIEN: That's right. Yes. All day.

COLIN WEIR: On the days you go to Armagh on the Monday, is it the same on the Tuesday? No fixed --

MR O'BRIEN: Yes.

COLIN WEIR: So that's all day.

MR O'BRIEN: Yes.

COLIN WEIR: So then on the other Tuesdays you've got?

MR O'BRIEN: Day surgery in the morning.

COLIN WEIR: Right.

MR O'BRIEN: And a clinic here in the afternoon.

COLIN WEIR: Perfect. So that covers that then. So that fits nicely. That was just -- so that gives you ~~40 PU~~ 4 DCU sessions in a 12-week cycle and then those clinics as well and on the converse is that those aren't fixed clinical commitments on the Monday.

MR O'BRIEN: Yes.

COLIN WEIR: Okay. Say, for example, week 4, 5, 9 and 10 DPU am, clinic in the pm, no fixed clinical commitments on those CM matching days of that week on the Monday.

MR O'BRIEN: That's right. You've got it in one.

COLIN WEIR: Okay. Great. That is brilliant. All right. Okay. So that's Monday and Tuesday which looked sort of complicated. Wednesday just needs ==

MR O'BRIEN: So Wednesday there is no extended operating anymore or at present and I am not quite sure if they are ever going to return. So I operate -- so, basically you have got it right. I'll operate from 9 until 5 and you give me a half hour on either side.

COLIN WEIR: Okay. Let's just take it to 6.00 pm for over-runs and stuff.

MR O'BRIEN: Yes, can happen.

COLIN WEIR: or ~~0~~6.30 I have no difficulty with that.

MR O'BRIEN: 6.00 pm is fin~~ed~~.

COLIN WEIR: 6.30 just to be on the safe side. Okay. I just want to fill your job plan with as much other such as I can and if you have these non-fixed commitments I mean I can put it patient related admin and SPA. Just I need to kind of watch that we have enough of that, these other activities, just to fill in the gaps. Okay. So that's Monday, Tuesday and Wednesday. So Thursday ~~--~~.

MR O'BRIEN: Thursday you need to put on weeks 2 and 8 the handover round and the handover round is from 9 until 12. Now, the way you had it on that proposed plan is a hangover from the grand round days which doesn't exist.

COLIN WEIR: Which have now gone through (inaudible) and I learned that that has not been happening. So grand round doesn't happen. Uroradiology?

MR O'BRIEN: Doesn't happen.

COLIN WEIR: Doesn't happen. So handover, so that's in addition so you're both on weeks 1

and 2. You're doing it -- you're both part of the incoming (inaudible).

MR O'BRIEN: I think where you made the mistake is, when you are urologist of the week, okay, so when you are coming on, on a Thursday morning you're on the handover round but that's covered already in the sessions that you have.

COLIN WEIR: On weeks 1 and 7.

MR O'BRIEN: Yes. So you work from 9 to 5 anyhow. What's different about weeks 2 and 8, those are the start of the week, is that you have to do the handover round.

COLIN WEIR: That's what I'm saying to you. There are two people who commit -- who are committed twice.

MR O'BRIEN: Absolutely, yeah. So, on weeks 2 and 8, which are normal working weeks, on those Thursday mornings you have to do the handover round. You are handing over to the person who is coming on.

COLIN WEIR: So, I don't know, maybe you don't have any -- nobody has got anything else on a Thursday.

MR O'BRIEN: Now you've hit a --

COLIN WEIR: Oh, really.

MR O'BRIEN: Yes. So, you see, we're having an awayday on Monday in the Seagoe ~~(inaudible)~~ and there's a lot of stuff that~~uch~~ needs to be sorted out.

COLIN WEIR: Okay.

MR O'BRIEN: Particularly with regard to urologist of the week.

COLIN WEIR: Okay. Right.

MR O'BRIEN: Because if you go back to the whole start of the investigation a lot of the genesis of that is urologist of the week.

COLIN WEIR: Right. Okay.

MR O'BRIEN: There's a lot of discontent at the moment. A lot of clarification is required and, I might say, the Trust at senior management level needs to actually decide what it is that it expects its clinicians to do when you are urologist of the week.

COLIN WEIR: Okay.

MR O'BRIEN: It's for that reason, for example, that as urologist of the week we need to have clarified, are we doing ward rounds on a Saturday morning and a Sunday morning?

COLIN WEIR: I will come to that in a minute. Let me get -- we have got that. I accept that's not a difficulty on the handover round on three Thursdays.

MR O'BRIEN: It you could everybody to be there for it, it would be wonderful.

COLIN WEIR: Okay. I think we have that disagreement about handover and how it's done. Anyway.

MR O'BRIEN: Who does handover? I think there's no difficulty with anybody accepting that there needs to be a handover but who hands over to who?

COLIN WEIR: Yes. Yes.

MR O'BRIEN: And --

COLIN WEIR: Okay.

MR O'BRIEN: We need to, as urologists, I don't know what happens in general surgery, but we need to have clarified, what does urologist of the week mean?

COLIN WEIR: Yes, okay.

MR O'BRIEN: Anyhow, handover on weeks 2 and then you have down departmental meeting 12 until 2.

COLIN WEIR: Yes.

MR O'BRIEN: And then you have MDM, which actually, if I may say so on your behalf, you have it down to 5.30, we do end at 5, but the only thing about it is that after you do MDM you have to look over all the ones that you have under your care and organise when they are going to be reviewed post-MDM. So it's not an unfair thing to have some time of administrative time after MDM. So if you are feeling generous 5.30 would be -- .

COLIN WEIR: 5.30. Okay.

MR O'BRIEN: That takes us through to Friday.

COLIN WEIR: So uroradiology.

MR O'BRIEN: It doesn't exist.

COLIN WEIR: What else on the Thursday morning?

MR O'BRIEN: You could do patient administrative. You could do SPA. Absolutely.

COLIN WEIR: Okay. And then the MDT~~TD~~ chair is between you --

MR O'BRIEN: John, Mark and Tony.

COLIN WEIR: And Tony.

MR O'BRIEN: So we do a one in four.

COLIN WEIR: One in four. So MDT chair.

MR O'BRIEN: Is I've written that down in my -- yeah.

COLIN WEIR: And.

MR O'BRIEN: It's pretty well divided out.

COLIN WEIR: So we say, I have got that you have ~~(inaudible) your~~ chaired 13 times per year. Everybody was getting two hours for that.

MR O'BRIEN: Not enough.

COLIN WEIR: How many hours?

MR O'BRIEN: It depends on the numbers. I think it should be in nine to 12. Do you know

what I would do, Colin, it should be 9 to 12.

COLIN WEIR: You mean a fixed time rather than a annual ~~--(inaudible).~~

MR O'BRIEN: No, three hours. That's when I will doing it. I will doing it from 9 to 12. Three hours.

COLIN WEIR: This could be annualised. This will appear. You will have your job plan and then at the bottom there will be these little extra things that over the course of a year you deliver. Three hours, 13 times a year. And whenever you do that, I am not --

MR O'BRIEN: One of the things that we will discussing next week is, if you make it three hours, Colin, there will be an expectation that comes along with it that it will be done properly.

COLIN WEIR: Okay. So Thursday I've got -- I need to fill in some -- again some patient admin elsewhere for Thursday. The afternoons are your MDT, which are pretty full on every week, and that's fine.

MR O'BRIEN: Right.

COLIN WEIR: Fine. Perfect. So Fridays are --

MR O'BRIEN: So I do my specialist clinic on a Friday morning.

COLIN WEIR: So specialist clinic. Yes. And then?

MR O'BRIEN: Then in the afternoons you had it down as SPA but I said in my email to you that once a month usually I -- the driver there is the long waiting list for urodynamics studies. So there's once a month that Michael invariably doesn't use – to do urodynamics on a Friday afternoon, and I -- at scheduling they said, Aidan, do you want to do all day and I have been saying yes. So I am prepared to do all day on a Friday.

COLIN WEIR: Is that just clinic then?

MR O'BRIEN: It's clinic. It's continuation.

COLIN WEIR: That would be once a month.

MR O'BRIEN: Once a month.

COLIN WEIR: So times three over the 12 weeks.

MR O'BRIEN: Now, I don't know if Mark has had time to speak to you about this at all.

COLIN WEIR: No.

MR O'BRIEN: But we are -- M~~m~~ark is wholly supportive of once a month I will go to the reconstructive MDM, which Brian Duggan in the Ulster and I resurrecting. It has waned off a lot this last six months and we want to make it much more robust.

COLIN WEIR: Where does that happen?

MR O'BRIEN: That happens in the board room of Lagan Valley hospital. It's a neutral venue. So Alex McCloud comes from Altnagelvin. Brian comes from the Ulster. Siobhan

Wolsey comes from Belfast City. And John and I will go from -- that's interesting in itself but we have discussed this. Is the Trust going to facilitate at two people going from here? And John hasn't been the greatest attender but what Mark feels is that from a Trust perspective, and particularly if I am not going to be here after another two years from now or something of that duration, that he would be expected to picking up that role.

COLIN WEIR: Okay. I will put you down for the clinic every week, apart from urologist of the week, and then in addition for three and it's the --

MR O'BRIEN: So once a month I will do an afternoon clinic once a month and I will go to the reconstructive once a month.

COLIN WEIR: So it's six of those.

MR O'BRIEN: But if you want to honestly annualise the reconstructive we don't hold them in July and August.

COLIN WEIR: I'll just leave it. I think it will be better for you. It just keeps it. Now then I need to annualise triage. It's quite time consuming.

MR O'BRIEN: You have no idea.

COLIN WEIR: I tell you what I have been told, and I've talked to Michael about this. So I've been told that -- you're doing it on your urologist of the week. And we are talking a minimum of six hours.

MR O'BRIEN: Minimum, yes.

COLIN WEIR: Okay.

MR O'BRIEN: Now, Colin, I will not go on and on about this but what we have decide -- what has to be decided is what it entails.

COLIN WEIR: No matter what it is for you time-wise, what I have done, and what I am trying to do for you and for everybody, is not to say that within urologist of the week you have to do it. It is extra time. So then that it becomes annualised. So that's the other thing you will see. You do it in your own time whenever can you fit it in. It's flexible. It means that you get recognised for the time over and above because everywhere you could just say, you just fit that into urologist of the week. We are not paying you anymore for that. But I think it is so time consuming and people are doing it, I don't know when, fitting it whenever they can, so it seems fair to add it in as a completely wholly extra thing.

MR O'BRIEN: That's fine. How much are you adding in?

COLIN WEIR: It is six hours for each urologist of the week.

MR O'BRIEN: Yes.

COLIN WEIR: So divide that by -- 52 divided by 6 I suppose for the number of week of -- number of sessions that you would do.

MR O'BRIEN: 42. Divide by 42 you mean.

COLIN WEIR: Yeah. So the number of urologists of the week.

MR O'BRIEN: Yes. I know what you mean. What you are doing is you are essentially -- I know you have arrived at six hours because that is what Mark did. He found that when he did urologist of the week he spent six hours -- took him six hours to do it.

COLIN WEIR: If you think it's more just tell me.

MR O'BRIEN: It is more, but, Colin, the secret in this is the word "it". What is it?

COLIN WEIR: Okay.

MR O'BRIEN: You're saying, okay. Do you appreciate what I'm talking about?

COLIN WEIR: Yes.

MR O'BRIEN: What am I talking about?

COLIN WEIR: Well, you're saying, as I understand it, because we've stopped doing it. We have stopped doing E triage because it's so time consuming.

MR O'BRIEN: Why did you stop doing E triage?

COLIN WEIR: Because it, for us, and looking at the volumes that we were getting, it became a nightmare. And because we're not one speciality, because colorectal and there's general and to get one surgeon of the week to do something like 100 plus referrals through E triage it was not working. And then --

MR O'BRIEN: Explain to me, I am interested in the whole thing of the triage. Why did it not work?

COLIN WEIR: I would be doing it then. A lot of them we have to direct so you can actually, as I recall --

MR O'BRIEN: Assign another consultant.

COLIN WEIR: To another consultant. Then how were we going to do that? And how has that been -- and that wasn't being reflected in anybody's job plan. So it could be directed to another consultant who wasn't a surgeon of the week but it was going to their speciality. The Trust, the management, just hadn't figured out how to direct those patients to the right consultant at the start of the process.

MR O'BRIEN: But you all you do is name the consultant.

COLIN WEIR: Yes. But then -- it's then like a triaging twice then~~m~~. You are actually -- one person doing and then it goes to another person.

MR O'BRIEN: True, but we do that.

COLIN WEIR: It's just --

MR O'BRIEN: So why -- explain to me why it works better on paper as opposed to -- obviously if you get a paper -- the same referral comes on paper.

COLIN WEIR: When we do it on paper it takes about ten seconds.

MR O'BRIEN: How does it take ten seconds?

COLIN WEIR: If you look at it -- because there's no other thing other to direct where that patient goes. There's a box that's stamped on it, where do they go and the urgency. Red flag urgent routine. And then the speciality. There's only two things to tick.

MR O'BRIEN: So why was that not apparent on the E triage? On the E referral?

COLIN WEIR: You've done it. I recall the number of clicks and mouse clicks and buttons to press. I mean, it just -- it took a lot longer. It takes a lot longer. And then, I don't know, but you are --

MR O'BRIEN: Does it mean --

COLIN WEIR: Requesting investigations and such.

MR O'BRIEN: Leave that aside for a moment. But does -- if the referral comes in as an E referral, does it -- and you're -- obviously it's on ECR, did that come with an expectation that you would be looking at that person's previous history or anything that was more time consuming, whereas you couldn't do that on the paper one.

COLIN WEIR: No.

MR O'BRIEN: You could do it on a paper one if you wished. You could go on to ECR but obviously you don't do that.

COLIN WEIR: You see, I think that might be more -- I think actually clinically it is much more likely to be a case in your speciality than ours.

MR O'BRIEN: Aye.

COLIN WEIR: Just the nature of urology strikes me that you more often want to see other things in the back whereas nuance that rectal bleeding, claudication, varicose veins. It is all like fast turnover stuff a lot of the time.

MR O'BRIEN: When you say "fast turnover", like are you able to see all of those people in a timely manner, particularly, like, where rectal bleeding infers it's red flag. Rectal bleeding is red flag.

COLIN WEIR: ~~(Inaudible)~~Yeah that would be a red flag.

MR O'BRIEN: So, like, do you know, if it is non-red flag in it its nature.

COLIN WEIR: What a routine? I am seeing patients that's a year now from because the wait time.

MR O'BRIEN: For us it is far longer. Let's say, for example, what I am getting at here is, and this is the real issue here that is facing us, we have to -- we're going to think about. We're meeting on Monday morning and then in the afternoon with nursing staff and so forth. You see, the thing that concerns me is, and I have shared this with my colleagues, and it is

this, Colin.

I have a number of patients at present, and I'm not only one who does have them, it's that, let's say, for example, Colin Weir was referred last December with straightforward lower urinary tract symptoms and he is the age he is. And he could very well have an enlarged prostate. And even if I found some reason based on the severity of his symptoms that he would be urgent rather than routine and the urgent is standing at an 84 waiting time. Right?~~.~~ Now, because last December I requested ultrasound scans on all of them and because the number of them were found not only have to an enlarged prostate but also to have a bladder tumour as well, and there are now of having intravesical chemotherapy, having had their two bladder tumour resections, which had been picked up on the thing that has been -- ~~.~~

So the issue for is, and the issue which I believe personally should be an issue for the Trust -- which of course it has never made issue for itself because it doesn't make any clinical issues for itself -- that is, you know, are we just to tick the red box and who is going to take responsibility for the bladder tumour that will not be diagnosed until 2019.

Does that clinical scenario arise in ~~in~~ general surgery? Do you have left lower quadrant pain that could be diverticulitis but it turns out to be a colorectal tumour and, you know, when is that being picked up? Is that like on yearly basis? So if you are referred with left lower abdominal pain intermittently in January of this year, and you just tick that box but it doesn't get even seen for the first time until January of next year.

COLIN WEIR: I suppose it is. It is just down to what are red flag symptoms and that's -- I don't see any -- I would refuse to triage. If I get a bunch of triages and it is something like -- if it is anything red flag, it automatically goes to the --

MR O'BRIEN: I appreciate that. The red flags are not an issue.

COLIN WEIR: That's all sorted out.

MR O'BRIEN: It's the non-red flags that are the issue.

COLIN WEIR: I am not aware that we've had any issues but we -- I suppose, it's only (inaudible) me and Alistair Lewis who don't do that active ~~(inaudible)~~ bowel surgery. Do we concerns about triaging things that are outside our area of expertise. We have said this many times. Why are we triaging these things when we don't undertake the investigations. We don't do the surgery. Why are we -- we are not competent. Why are we still being asked to do this?

MR O'BRIEN: You see, that is a particular issue for you. That pertains to some degree, you know, like John O'Donoghue is not going to do a radical nephrectomy or a partial nephrectomy but that doesn't -- he still has to triage the patient with haematuria and it'll

come through that diagnostic process. But to say the haematuria is not an issue.

The big issues here are -- I love E triage. I hate the paper referrals. The paper referrals come along. It drives me absolutely crackers. Joe Blogs has been under the care of Mr Weir in acute retention. He had left lower abdominal pain. Has been found to have diverticulitis disease but is also found to be in acute ~~radio~~ retention. Urology registrar advised referral in for trial removal of catheter. So two weeks later I am sitting there looking at this referral on paper and it is a copy of the discharge notification and I have to go about the whole business of organising a trial removal of catheter and finding out, first all, actually maybe the GP has done it in the meantime. So you ring the patient.

How many hours did I spend on it? I spent 20 hours on it but I am no longer prepared to spend 20 hours on it when other people actually do none of it.

COLIN WEIR: Okay. Right. Not to that degree or not at all?

MR O'BRIEN: All of those things.

COLIN WEIR: Okay. All right. Give me a fair -- people -- six hours was -- that might be from -- it might have been from Mark.

MR O'BRIEN: It was of course from Mark. It was Mark.

COLIN WEIR: If you are saying it is more for you than that is fine.

MR O'BRIEN: It is much more for me, but you have got to have a -- you've got to have it reasonable across the board.

COLIN WEIR: Yes. If you are getting one person who is outlying everything else then, you know. I suppose as group you --

MR O'BRIEN: We were discussing --

COLIN WEIR: -- (inaudible) need to come back to me and --

MR O'BRIEN: Absolutely. And also importantly, and this is what I am insistent upon, we have had a couple of meetings, informal meetings, in preparation for Monday. I want a written memorandum of understanding from the Trust as to what it is that it is expected of us in these various areas of activity like triage. So I will happily only spend six hours triaging but I won't be doing the kind of triaging I am doing at present.

COLIN WEIR: Okay. Sure. Is there anything, Aidan, like supervision or teaching or do you ever do any of that?

MR O'BRIEN: I don't do didactic teaching, but I supervise all the time. There's another interesting --

COLIN WEIR: But not the form that you don't have (inaudible).

MR O'BRIEN: We have skipped over Saturday and Sunday ward rounds.

COLIN WEIR: You have got the Saturday and Sunday. Nobody I am aware of has that set as

a payment for Saturday and Sunday ward rounds. I've checked. There's none of your colleagues and none of us have a separate payment.

MR O'BRIEN: It is predictable. Why is that not the case?

COLIN WEIR: Is it not built into predictable on call? There's the predictable and the unpredictable.

MR O'BRIEN: We have nothing unpredictable.

COLIN WEIR: Okay. I would need to talk to Mark about that would be an implication for everybody because nobody at this stage has that in either our speciality or yours.

MR O'BRIEN: Can I expand a little bit on it? We have touched on it informally. We will discussing it more formally on Monday.

COLIN WEIR: Okay. I'll make a note and may be it needs to be discussed with Mark as the AMD. But Mark has got a conflict of interest or something else?

MR O'BRIEN: Why are you discussing with Mark?

COLIN WEIR: Because he is my boss effectively.

MR O'BRIEN: And what's his view with regard to Saturday ward rounds. I can tell you right now.

COLIN WEIR: This is the first time it has cropped up. It is the first time anyone has mentioned it.

MR O'BRIEN: It is because actually when Aidan O'Brien is urologist of the week I come in on Saturdays and Sundays and I do a hands-on ward round with maybe a locum registrar from Drogheda or it could be one of own registrars who has not been on for three or four days and it goes to the very heart of the matter.

COLIN WEIR: Yes.

MR O'BRIEN: So like Mark may not have come in from Friday evening until the Monday morning when he is urologist of the week.

COLIN WEIR: Okay. Is that right? So people differently -- okay.

MR O'BRIEN: Yes, that is very true. And there is a concern to be fair to those people who are more diligent. Like, you know, there's no harm in naming names. Like, Tony, for example, would be -- maybe just a little concerned.

COLIN WEIR: I don't have any activity.

MR O'BRIEN: But Tony would have a little concern.

COLIN WEIR: I am just coming back on to doing surgeon of the week and I will in Saturday morning and Sunday morning.

MR O'BRIEN: Why aren't you paid for it?

COLIN WEIR: It's a good question. I will talk about that with my colleagues.

MR O'BRIEN: There's no defensible answer to it, other than --

COLIN WEIR: I wonder if Malcolm ClBegg -- I'll ask Malcolm actually. He would be a good person to ask just to see.

MR O'BRIEN: But I want it clarified.

COLIN WEIR: Yes. That's right. Well can you , I mean, come up on (inaudible) from Monday I don't know.

MR O'BRIEN: It will come up on Monday. It certainly will. It an idea on the agenda. Absolutely. And, I mean, why am I coming in on a Sunday at 9 o'clock and spending four and five hours seeing 30 to 40 patients and then going to theatre to operate on two more of them and not one five seconds of it predictable even though I can predict a month in advance I will be doing it.

COLIN WEIR: Yes. Certainly (inaudible) quite happy to agree with you on that.

MR O'BRIEN: But the riposte from me is what I want clarified because if it is the case that you and whoever else turns round and says actually no. I'll say fine.

COLIN WEIR: I am not coming in.

MR O'BRIEN: Absolutely.

COLIN WEIR: (Inaudible).

MR O'BRIEN: : (Inaudible)Absolutely and, yes, and give me a call if you have any problems.

COLIN WEIR: And that's the --

MR O'BRIEN: And is patient care and clinical outcomes being compromised as consequence? Yes, they are.

COLIN WEIR: It is very strange. It is never really -- I don't know why nobody has ever spotted that. I don't know.

MR O'BRIEN: I have spotted it.

COLIN WEIR: There's a predictable and unpredictable. Ours has got a predictable component and an unpredictable.

MR O'BRIEN: Yours has? General surgery?

COLIN WEIR: Yes.

MR O'BRIEN: And what's the predictable?

COLIN WEIR: .6. So when you look at it, it's really .68 and .82. They've just made it up to 1.5 and they've separated it between. .68 predictable and .82 unpredictable but that's weekday work. No, look. Weekend work. 1 and 8. How many PAs arise from your weekend on call? Predictable zero. Unpredictable zero. Okay. So let me just look at yours to see. It is interesting. (**Pause**). It's a rounded 1 unpredictable and weekend zero.

Zero. So obviously that's where -- you would put it in.

MR O'BRIEN: Yes, of course.

COLIN WEIR: So that's the way. Either you do that or else you do it, you know, on the weeks 1 and 7.

MR O'BRIEN: That's where you do it, yeah.

COLIN WEIR: So, if you said three hours, three hours. Something like that.

MR O'BRIEN: Yes.

COLIN WEIR: Okay. Okay. Interesting.

MR O'BRIEN: But this is -- it is much more than interesting because interesting implies that actually we could call sit down over a cup of coffee and have an interesting discussion about this very interesting topic and we'd all walk out with interesting different conclusions. I want it to be clarified.

COLIN WEIR: Okay, yes.

MR O'BRIEN: And I want triage to be clarified.

COLIN WEIR: Yes. Okay. Who is chairing? Anybody chairing meeting.

MR O'BRIEN: Tony will be I think, sort of like, we have --

COLIN WEIR: (Inaudible).

MR O'BRIEN: No. There are things that need to be sorted out amongst us consultants that would be best sorted out without anybody else being there because there's a lot of behind the backs talking and so forth and resentment.

COLIN WEIR: All right then.

MR O'BRIEN: The air needs to be cleared. As a matter of interest actually, can I ask you one question. The, historically or whatever job plan I am currently operating on, do I get more administrative time than others?

COLIN WEIR: I don't think so. No, I don't think so. I mean, I don't know. I would need to look at it carefully just to --

MR O'BRIEN: No, but have I had more administrative time?

COLIN WEIR: No. I don't think you have.

MR O'BRIEN: It is interesting because you know in the witness statements during the course of the investigation it was repeated that I got more administration time than others. I was wondering how anybody would know. I don't know what anybody else's job plan is like, nor have I ever thought of wondering about it. But it was one of those many myths that were perpetuated and repeated.

COLIN WEIR: I will try and get this done at the start of next week. All right. It will take me a few hours.

From: O'Brien, Aidan [redacted]
Sent: 04 December 2019 16:49
To: McNaboe, Ted
Subject: RE: Job Plan

Hello Ted,

I take this opportunity to advise of my plans concerning my Job Plan commencing 01 January 2020.

The essential change is that I wish to withdraw from clinical commitments on Thursdays.
This effectively means that I will not avail of any operating sessions made available to me on Thursday mornings, and will not attend or chair Urology MDM on Thursday afternoons.
I have discussed this with my colleagues who are in agreement.
It will however not affect my continued commitment as Urologist of the Week (UOW).
So, every six weeks, I will be UOW from 09.00 am on a Thursday, and one week later, I will complete UOW at 13.00 following handover.

Otherwise, my Job Plan remains the same as it is now.
In summary, with regard to clinical commitments, it is as follows:

Second Monday of each month: Clinic at Armagh Community Hospital: morning only
Fourth Monday of each month: Clinic at SWAH: all day

First, Third and ? Fifth Tuesday of each month: Day Surgery in morning: Review Clinic at CAH in afternoon.

Every Wednesday: Inpatient operating: all day

Thursdays: as above

Fridays: Urodynamic Studies and Oncology Reviews: all day

Perhaps this will enable you to draw up a draft Job Plan for next Thursday.

Thank you,

Aidan.

From: McNaboe, Ted
Sent: 04 December 2019 14:51
To: Corrigan, Martina; O'Brien, Aidan
Subject: RE: Job Plan

Fine , next week ok for me .
Audit is in the morning?
Ted

-----Original Appointment-----
From: Corrigan, Martina
Sent: 04 December 2019 14:40
To: McNaboe, Ted; O'Brien, Aidan
Subject: Job Plan
When: 12 December 2019 12:00-13:00 (UTC+00:00) Dublin, Edinburgh, Lisbon, London.
Where: Ted's Office, 3 South

Dear both

I am conscious that we had hoped to meet this Thursday (5th) but I realise Aidan you are on annual leave.

Next Thursday 12 December is combined M&M so I have put time into our calendar for us to meet to commence discussions on your job plan after this meeting.

I hope this will suit?

Regards

Martina

Martina Corrigan
Head of ENT, Urology, Ophthalmology & Outpatients
Craigavon Area Hospital

Telephone:
EXT Personal Information (Internal)
Personal Information redacted by the USI (External)
(Mobile)

From: O'Brien, Aidan [redacted]
Sent: 09 December 2019 21:34
To: McNaboe, Ted
Subject: Proposed Job Plan

Hello Ted,

Thank you for the proposed Job Plan.
As expected, I have a number of issues'
I have reviewed my activity of the past year in doing so.

Regarding Mondays:

I have done 11 Clinic days in SWAH during the past year, having been there each calendar month with the exception of October 2019.
I have given going to SWAH priority over going to Armagh as it has been more important for many older patients, and particularly cancer patients, to be reviewed in SWAH, as the distance to travel can often mean the difference between receiving care or not at all.
A SWAH clinic day is available on either the second or fourth Monday of the month.
So, on occasion, I have gone to SWAH on the second rather than the fourth, if I was unable to go there on the fourth Monday for whatever reason.

While it does not make any difference to Job Planning, the clinic composition is a mixture of new patients and review patients.
I increased the number attending during the past year, so that the clinic is scheduled to commence at 09.30 am and is supposed to end at 05.00 pm, but usually does not end until 05.30 pm.
You have not included travelling time which has been included previously, one hour each morning and one hour to return each evening.
So, I would be grateful if you would increase the number of SWAH clinics to 11, or indeed 12 per year as in the current Job Plan, as that number is vitally needed.
I would be grateful if you would have the clinic start at 09.30 am and end at 05.30 pm, and add in one hour of travelling time, each way, as at present.

Regarding operating sessions:

I greatest concern with the proposed Job Plan is the sparsity of inpatient operating sessions included.
At 1.18 sessions per week, the Job Plan is more akin to that of a physician, with a little operating added in.

During 2019,

- on one Wednesday, I had an operating session in the morning only, as there was a PSM in the afternoon
- on ten Wednesdays, I had an operating session in the afternoon only
- on 26 Wednesdays, I had all day operating, morning and afternoon
- on 12 Thursdays, I had an operating session in the mornings only
- in addition, I have had another 12 operating sessions while being urologist of the week, though perhaps this activity should be regarded as predictable emergency activity while urologist of the week, as it is done in addition to the unpredictable.

The proposed Job Plan implies that I would have only 40.33 operating sessions per year.

In 2019, I had 75 sessions, plus another 12 when UOW, plus 3 paediatric urological sessions in DHH, a total of 90 sessions!
I think the number included in the proposed Job Plan in clinically untenable.
If necessary, I will take up any operating sessions available on Thursday mornings (12 during the past year).
In any case, my primary intent in reducing my clinical commitment was by excluding MDM on Thursday afternoons from my working week.

I would intend to do three paediatric operating sessions during 2020, on the fifth Monday in March, June and November 2019.

Regarding Urologist of the week:

The proposed Job Plan implies that one would do seven per year, presumably one in every six weeks during a 42 week year.
But I will have done eight in 2019.
Six urologists still do have to be urologists of the week for a 52 week year.
If annual leave coincides with a scheduled week of UOW, your turn is brought forward or later.
It is not cancelled.

It would appear that you may not have included the session for handover on each Thursday morning on completion of UOW.

Increasingly we have been undertaking operating sessions when UOW.
These are undertaken in addition to all the other duties of UOW, including emergency surgery.
I will have undertaken 12 such sessions, a mean of1.5 for each UOW.
Should these not be regarded as predictable emergency work?

In our last round of Job Plans, it was also agreed that each of us would be allocated one session for a weekend ward round.
That would appear not to have been included in the proposed Job Plan.

Lastly, it was agreed during the last round that we would be allocated six additional hours of predicted time for triage while UOW.
It would appear that this may not have been included in the proposed Job Plan.

Regarding Administration Time:

The proposed Job Plan provides for a total of 18 hours every six weeks.
It has been my understanding that we should have one session per week provided for administration.

I do hope you will find these points to be of further assistance.

Aidan.

AOB-22105

Certificate of Attendance

Paris 2006

The European Association of Urology, herewith represented by Professor P. Teillac, declares that:

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(name delegate)

participated at the 21st Annual EAU Congress, Paris, France

Personal Information redacted by USI

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Secretary General

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European Association of Urology

CERTIFICATE OF ATTENDANCE

Uses of Holmium in Urology

Malaga – Spain
15th–16th May 2006

Mr A O'Brien

Christopher Chilton, Consultant Urologist
COURSE MODERATOR

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Milan
26-29 March 2008

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The European Association of Urology, represented by Professor P-A. Abrahamsson, declares that:

Aidan O'Brien

(name delegate)

participated in the 23rd Annual EAU Congress, Milan, Italy, 26-29 March 2008

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Professor P-A. Abrahamsson
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Aidan O'Brien

Participated in the ESU course

Chronic pelvic pain syndromes (CPPS) with special focus on chronic prostatitis (CP) and painful bladder syndrome/interstitial cystitis (PBS/IC)

at the time of the 23rd Annual EAU Congress
Milan, Italy

27 March 2008

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H. Van Poppel
Chairman ESU

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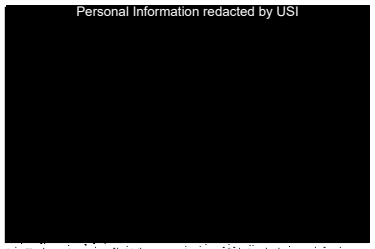
J.J. Wyndaele
Course Chairman

AOB-22120

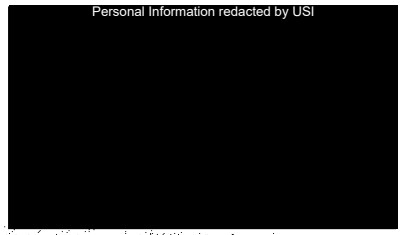
Certificate of Attendance

Aidan O'Brien

Participated in the Leading Lights in Urology Meeting
17-19 April 2008, Oslo, Norway



C.R. Chapple
EAU Adjunct Secretary General



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European Association of Urology

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Irish Society of Urology
Annual Meeting
12th - 13th September 2008

AIDAN O'BRIEN

N. IRELAND

CHAIR

RCSI

Irish Society of Urology
Annual Meeting
12th & 13th September 2008

CERTIFICATE OF ATTENDANCE

This is to certify that

Aidan O'Brien

attended the above meeting

on

Friday 12th & Saturday 13th September 2008

CPD Credits: 10.5

T.E.D McDermott

President, ISU

CURE Conference

Thursday 13th November 2008

Seagoe Hotel, Portadown, Northern Ireland

0845 - 0930 **Coffee and Registration**

Providing Excellence in Service Delivery

0930 – 0940 **Welcome and Chair's Remarks**
Simon Gibson, Assistant Director Surgery and Elective Care, SHSCT

0940 – 1010 **New Angles in Continence Nursing Service Delivery**
Martina Thompson, Continence Nurse Specialist

1010 – 1040 **The Dripping Tap – Male Lower Urinary Tract Problems**
Mr Thomas Ladds, Lead Nurse, Manchester

1040 – 1110 ***Coffee and Exhibition***

1110 – 1140 **Competencies and Skills for Health**
TBC

1140 – 1210 **Practical Urology Assessment – Primary Care Issues**
Mahmood Akhtar, Consultant Urological Surgeon

1210 – 1230 **Expert Panel Clinical Cases**
Submitted in advance with applications

1230 - 1330 **Lunch and Exhibition**

TOPIC

1330 – 1340 **Welcome and Chair's remarks**
Dr. Owen Barr, Head of School of Nursing, University of Ulster

1340 – 1410 **People with Learning Difficulties and Urological Needs – Never the Twain?**
Dr. Owen Barr, Head of School of Nursing, University of Ulster

1410 – 1440 **Practical issues in Erectile Dysfunction assessment**
Professor Wallace Dinsmore, Royal Group of Hospitals

1440 – 1510 ***Coffee and Exhibition***

1510 – 1540 **Prostate Cancer - When the Hormones stop working**
Professor Don Newling, Global Medical Director, AstraZeneca Limited

1540 – 1610 **Professional Development: Real World Issues for Real World Nurses**
Professor Martin Bradley, Chief Nurse, Northern Ireland

1610 – 1625 **Chair's Closing Remarks and Prizes**

1630 **Close**

AOB-22123

Certificate of Attendance

The European Association of Urology, represented by Professor P-A. Abrahamsson, declares that:

Aidan O'Brien

participated in the 24th Annual EAU Congress, Stockholm, Sweden, 17-21 March 2009

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Professor P-A. Abrahamsson
EAU Secretary General

Stockholm
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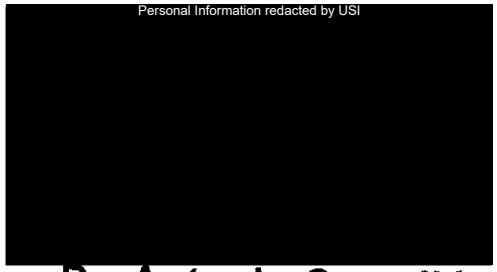
European Association of Urology

Certificate of Training

Dr. Aidan O'Brien

has been trained on the **Contasure Incontinence family**

February 2010
Barcelona



Dr. Antonio Castelló
Col. 19457 BCN

Introduction to Good Clinical Practice for Investigators

Agenda

- Introduction to Good Clinical Practice Guidelines
- Principles of ICH GCP
- Responsibilities of the Investigator
- Essential Documentation

Drivers

- 2001 Research Governance Framework
- 2004 UK SI No 1031
- 2006 UK SI 1928
- 2006 UK SI 2984
- 2008 UK SI 941

WHAT IS GCP

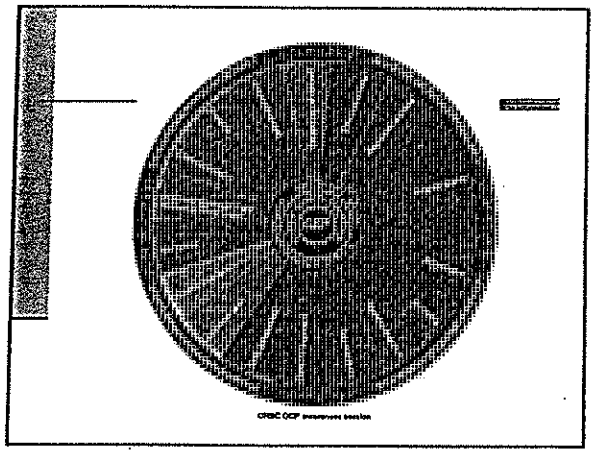
- Good Clinical Practice is an international ethical & scientific quality standard for designing, conducting, recording and reporting trials that involve the participation of human subjects.

Objective of GCP

- .....is to provide a **unified standard** for the European Union, Japan and the United States to **facilitate the mutual acceptance of clinical data** by the regulatory authorities.....

Objective GCP

- Compliance with this standard provides public assurance that the **rights, safety and well-being of trial subjects** are protected, consistent with the principles that have their origin in the Declaration of Helsinki



ICH GCP Guidelines

Comprises 8 sections

- Glossary
- **Principles**
- *Independent Ethics committee (IEC)*
- **Investigator Responsibilities**
- *Sponsor Responsibilities*
- *Protocol and amendments*
- Investigator's brochure
- **Essential documents**

GCP Principles

Principles of GCP

- Rights, safety and well-being of trial participants shall prevail over the interests of science & society
- Before a trial is initiated, foreseeable risks and inconveniences have be weighed against the anticipated benefit
- The rights of each subject to physical & mental integrity, to privacy & to the protection of the data concerning him in accordance with the Data Protection Act 1998 are safeguarded
- All clinical trial information shall be recorded, handled, & stored in such a way that it can be accurately reported, interpreted & verified, while the confidentiality of records of the trial subjects remain protected

Principles of GCP

- The medical care given to, & medical decisions made on behalf of subjects, shall always be the responsibility of an appropriately qualified doctor, or when appropriate, of a qualified dentist.
- Each individual conducting a trial shall be qualified by education, training, and experience.
- The investigator and sponsor shall consider all relevant guidance with respect to commencing and conducting a clinical trial
- The necessary procedures to secure the quality of every aspect of the trial shall be complied with

Principles of GCP

- Clinical trials shall be conducted in accordance with the principles of the Declaration of Helsinki.
- Clinical trials shall be scientifically sound and guided by ethical principles in all their aspects
- A trial shall be initiated only if an ethics committee & the licensing authority comes to a conclusion that the anticipated therapeutic and public health benefits justify the risks and may be continued only if compliance with this requirement is permanently monitored

Principles of GCP

- The available nonclinical and clinical information on the investigational product shall be adequate to support the proposed trial
- Provision has been made for insurance or indemnity to cover the liability of the investigator & sponsor which may arise in relation to the clinical trial
- The protocol shall provide for the definition of inclusion and exclusion of subject participating in a clinical trial, monitoring and publication policy

Good Clinical Practice Investigators Responsibilities

- Agreements
- Resources
- Trial activities
- Protocol compliance
- Investigational product
- Informed consent
- Records and reports
- Safety

Agreements

(Pre-study responsibilities)

- The investigator must have written REC approval before commencing a trial
- The investigator should be qualified by education, training and experience to assume responsibility for the proper conduct of the trial and should provide evidence of such.
- The investigator should be thoroughly familiar with the investigational product, protocol and investigator brochure where applicable
- The investigator should be aware of and comply with GCP and other regulatory requirements.
- The investigator should maintain a list of appropriately qualified persons to whom the investigator has delegated significant trial related duties

Resources

Pre-study (feasibility)

- The investigator should be able to demonstrate a potential for recruiting suitable patients within the recruitment period
- The investigator should have sufficient time to properly conduct and complete the trial within the agreed trial period
- The investigator should have available an adequate number of qualified staff and adequate facilities for the foreseen duration of the trial to conduct it properly and safely
- The investigator should ensure that all persons assisting with the trial are adequately informed about the protocol, the investigational product(s), and their trial-related duties and functions

Trial Activities

- A qualified physician who is an investigator or sub-investigator should be responsible for all trial-related medical decisions.
- During & following a subjects participation in a trial, the investigator should ensure that medical care is provided for any AE's (including significant lab values)
- It is recommended that the investigator inform the subjects primary physician (only with their consent).
- Although a subject is not obliged to give his/her reason(s) for withdrawing prematurely from a trial, the investigator should make a reasonable effort to ascertain the reason(s)
- The investigator is responsible for drug accountability at the trial site

Protocol Compliance

- The investigator should conduct the trial in compliance with the (copy of) protocol agreed to by the IEC, sponsor and regulatory authority, the investigator should sign the protocol to confirm agreement
- The investigator should not deviate from, or implement change from the agreed protocol without authorisation (IEC, sponsor etc) unless to protect the subject from an immediate hazard.
- Any and all deviation have to be documented with an explanation and sent to relevant bodies

Investigational Product(s)

- Responsibility for the investigational product(s) accountability rest with the investigator/institution
- Investigator/institution may/should assign this responsibility to an appropriately qualified pharmacist, under the supervision of the investigator/institution
  - Records must be maintained for the investigational products delivery, inventory, storage details, use, return and disposal
  - These records should include, dates, quantities, batch/serial numbers expiration dates and subject unique identifier
- Investigator should ensure that the investigational product are used as per protocol
- Investigator or a person designated should explain the correct use to each subject

Informed Consent

- The investigator should comply with the ethical principles that have their origin in the Declaration of Helsinki.
- All subjects should be fully informed.
- Neither the investigator, nor the trial staff, should coerce or unduly influence a subject to participate or to continue to participate in a trial.
- The subject or their legal representative should be allowed a cooling off time.
- Prior to a subject's participation in the trial, the written informed consent form should be signed and personally dated by the subject or the subject's legally accepted representative, and by the person who conducted the informed consent discussion. A copy of which should be received by the subject and a copy should be held in subjects health record.
- Special cases (paediatrics, incapacitated adults etc)
- Use the template for informing subjects
- HTA (see attachment)

Records and Reports

- The investigator should ensure the accuracy, completeness, legibility and timeliness of the data reported to the sponsor in the Case Report Forms (CRF)
- Any corrections in CRF must be initialled, dated and explained
- All data in CRF's from source documents should be consistent.
- All trial documents should be maintained as specified in *Essential documents for the conduct of a clinical trial* (section 8 ICH GCP)
- Essential documents must be archived for a period of at least 2 years following marketing approval, or 2 years after formal discontinuation of clinical development.(UKSI-5 Years/NI SOP-15Years)
- The financial aspects should be documented in an agreement.
- The investigator should make available for direct access all requested trial-related records. (consent)

Pharmacovigilance-definitions

A serious adverse event or serious adverse drug reaction is defined as any untoward medical occurrence that at any dose:

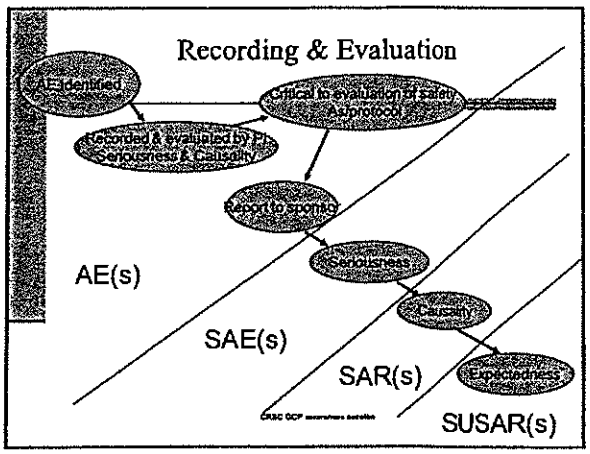
- Results in death
- Is life threatening
- Requires inpatient or the extension of hospitalisation
- Results in persistent or significant disability
- Or is a congenital anomaly/birth defect

An adverse event is defined as any untoward medical occurrence in a subject administered a pharmaceutical product and which does not necessarily have a causal relationship with the treatment

Pharmacovigilance/Safety Reporting

- All Serious Adverse Events (SAE's) should be reported immediately to the sponsor. (Verbally within 24 h)
- Followed by detailed written reports. (72 hours)
- Comply with regulatory requirements on serious adverse drug reactions reporting.
- Adverse events and or laboratory abnormality reporting as per protocol and regulatory authority requirements

Recording & Evaluation



What must have expedited reporting?

- All SUSAR(s)
- Increase in rate of occurrence of expected SAR
- Post study SUSARs reported to sponsor by PI
- Events related to the conduct of the trial likely to affect the safety of the subjects, such as:
  - a SAE which could be associated with the trial procedures
  - a significant hazard to the subject population such as lack of efficacy of an IMP used for the treatment of a life-threatening disease,
  - any anticipated end or temporally halt of a trial for safety reasons
  - recommendations of the Data Monitoring Committee, if any, where relevant for the safety of the subjects.

Who should report?

- The sponsor should report all the relevant safety information to the MHRA and to the REC concerned
- The sponsor shall inform all investigators concerned of relevant information about SUSARs that could adversely affect the safety of subjects

When to report?

- Fatal or life-threatening SUSARs
  - To MHRA & REC as soon as possible but no later than 7 calendar days after the sponsor has first knowledge of the minimum criteria for expedited reporting.
  - Follow-up information should be communicated within an additional eight calendar days.
- Non fatal or life threatening SUSARs
  - ASAP but no later than 15 days from first knowledge
  - Follow up info ASAP

Investigator Responsibilities Post Trial

- Upon completion of the trial, the investigator should inform the institution (where applicable).
- The investigator should provide the IEC with a summary of the trial's outcome, and the regulatory authorities with any reports required.

Essential Documentation

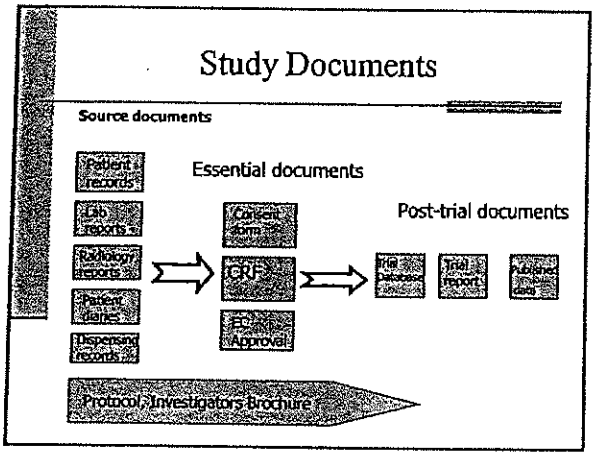
ICH Guideline section 8

Trial Master file/Study/Site file

Definitions

- Clinical trials generate a huge number of documents
  - ***Source documents*** are the original documents, data and records relating to trial patients
  - ***Essential documents*** are those that individually and collectively permit the conduct of a trial to be evaluated

Study Documents



Trial Master File/Study/Site File

- Permits evaluation of the conduct of a trial and the quality of the data produced
- Demonstrate compliance with GCP and regulatory requirements
- Facilitates Audit

Study/Site File

- Grouped into 3 Sections according to stage of trial
- Before clinical phase of trial
- During clinical conduct of trial
- After completion/termination of trial

Study/Site File - pre clinical

- Signed protocol and amendments
- Investigators Brochure (where appropriate)
- Patient information and consent
- Advertisement and any other written trial information
- All signed agreements
- Financial agreement
- Indemnification (Trust/Joint)
- REC approval
- REC composition and constitution
- Regulatory authorities approval (MHRA)
- CV's
- Signature sheets
- Laboratory/technical normal values and accreditation
- Product handling guidelines
- Decoding procedures
- Trial initiation monitoring report

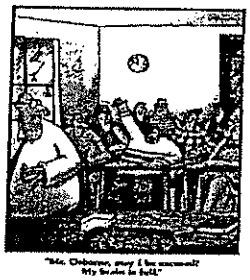
Study/Site File – During study

- Any updates from pre study documents
- Relevant communications other than site visits (electronic)
- Signed informed consent forms (copy)
- Copies of completed CRF's
- Copy of CRF corrections (data queries)
- Notification of SAE's and related reports
- Notification of SUSAR and other safety info
- Interim or annual reports (REC/Sponsor)
- Subject screening logs
- Subject ID code list (confidential)
- Enrolment log
- Product accountability documents
- Record of retained body samples

Study/Site File – Post study

- Documentation of product accountability at site
- Documentation of product disposal
- Completed subject ID code (confidential)
- Final reports to IEC regulatory authority
- Clinical study report

Questions and answers



CRSC GCP

Useful Contacts/Addresses

Clinical Research Support Centre
Design: grainne.crealy@crsc.n-Lnhs.uk
Statistics: michael.parker@crsc.n-Lnhs.uk
Health Economics: grainne.crealey@crsc.n-Lnhs.uk
Data Management and Regulations: lynn.murphy@crsc.n-Lnhs.uk

QUB research governance
m.lynn@qub.ac.uk

Research Ethics Service
http://www.corecnl.org.uk
http://www.nres.npsa.nhs.uk/applicants/index.htm

Licensing/Competent authority
http://www.mhra.gov.uk
clinicaltrialshelpline@mhra.gsi.gov.uk

EUDRACT
http://eudract.emea.eu.int

Regional Research & Development Office
http://www.ceni/ahservicesagency.n-Lnhs.uk/display/rdo

Policy

WORLD MEDICAL ASSOCIATION DECLARATION OF HELSINKI
Ethical Principles for Medical Research Involving Human Subjects

Adopted by the 18th WMA General Assembly, Helsinki, Finland, June 1964, and amended by the
29th WMA General Assembly, Tokyo, Japan, October 1975
35th WMA General Assembly, Venice, Italy, October 1983
41st WMA General Assembly, Hong Kong, September 1989
48th WMA General Assembly, Somerset West, Republic of South Africa, October 1996
and the 52nd WMA General Assembly, Edinburgh, Scotland, October 2000
Note of Clarification on Paragraph 29 added by the WMA General Assembly, Washington 2002
Note of Clarification on Paragraph 30 added by the WMA General Assembly, Tokyo 2004

A. INTRODUCTION

1. The World Medical Association has developed the Declaration of Helsinki as a statement of ethical principles to provide guidance to physicians and other participants in medical research involving human subjects. Medical research involving human subjects includes research on identifiable human material or identifiable data.

2. It is the duty of the physician to promote and safeguard the health of the people. The physician's knowledge and conscience are dedicated to the fulfillment of this duty.

3. The Declaration of Geneva of the World Medical Association binds the physician with the words, "The health of my patient will be my first consideration," and the International Code of Medical Ethics declares that, "A physician shall act only in the patient's interest when providing medical care which might have the effect of weakening the physical and mental condition of the patient."

4. Medical progress is based on research which ultimately must rest in part on experimentation involving human subjects.

5. In medical research on human subjects, considerations related to the well-being of the human subject should take precedence over the interests of science and society.

6. The primary purpose of medical research involving human subjects is to improve prophylactic, diagnostic and therapeutic procedures and the understanding of the aetiology and pathogenesis of disease. Even the best proven prophylactic, diagnostic, and therapeutic methods must continuously be challenged through research for their effectiveness, efficiency, accessibility and quality.

7. In current medical practice and in medical research, most prophylactic, diagnostic and therapeutic procedures involve risks and burdens.

8. Medical research is subject to ethical standards that promote respect for all human beings and protect their health and rights. Some research populations are vulnerable and need special protection. The particular needs of the economically and medically disadvantaged must be recognized. Special attention is also required for those who cannot give or refuse consent for themselves, for those who may be subject to giving consent under duress, for those who will not benefit personally from the research and for those for whom the research is combined with care.

9. Research Investigators should be aware of the ethical, legal and regulatory requirements for research on human subjects in their own countries as well as applicable international requirements. No national ethical, legal or regulatory requirement should be allowed to reduce or eliminate any of the protections for human subjects set forth in this Declaration.

B. BASIC PRINCIPLES FOR ALL MEDICAL RESEARCH

10. It is the duty of the physician in medical research to protect the life, health, privacy, and dignity of the human subject.

11. Medical research involving human subjects must conform to generally accepted scientific principles, be based on a thorough knowledge of the scientific literature, other relevant sources of information, and on adequate laboratory and, where appropriate, animal experimentation.

12. Appropriate caution must be exercised in the conduct of research which may affect the environment, and the welfare of animals used for research must be respected.

13. The design and performance of each experimental procedure involving human subjects should be clearly formulated in an experimental protocol. This protocol should be submitted for consideration, comment, guidance, and where appropriate, approval to a specially appointed ethical review committee, which must be independent of the investigator, the sponsor or any other kind of undue influence. This independent committee should be in conformity with the laws and regulations of the country in which the research experiment is performed. The committee has the right to monitor ongoing trials. The researcher has the obligation to provide monitoring information to the committee, especially any serious adverse events. The researcher should also submit to the committee, for review, information regarding funding, sponsors, institutional affiliations, other potential conflicts of interest and incentives for subjects.

14. The research protocol should always contain a statement of the ethical considerations involved and should indicate that there is compliance with the principles enunciated in this Declaration.

15. Medical research involving human subjects should be conducted only by scientifically qualified persons and under the supervision of a clinically competent medical person. The responsibility for the human subject must always rest with a medically qualified person and never rest on the subject of the research, even though the subject has given consent.

16. Every medical research project involving human subjects should be preceded by careful assessment of predictable risks and burdens in comparison with foreseeable benefits to the subject or to others. This does not preclude the participation of healthy volunteers in medical research. The design of all studies should be publicly available.

17. Physicians should abstain from engaging in research projects involving human subjects unless they are confident that the risks involved have been adequately assessed and can be satisfactorily managed. Physicians should cease any investigation if the risks are found to outweigh the potential benefits or if there is conclusive proof of positive and beneficial results.

18. Medical research involving human subjects should only be conducted if the importance of the objective outweighs the inherent risks and burdens to the subject. This is especially important when the human subjects are healthy volunteers.

19. Medical research is only justified if there is a reasonable likelihood that the populations in which the research is carried out stand to benefit from the results of the research.

20. The subjects must be volunteers and informed participants in the research project.

21. The right of research subjects to safeguard their integrity must always be respected. Every precaution should be taken to respect the privacy of the subject, the confidentiality of the patient's information and to minimize the impact of the study on the subject's physical and mental integrity and on the personality of the subject.

22. In any research on human beings, each potential subject must be adequately informed of the aims, methods, sources of funding, any possible conflicts of interest, institutional affiliations of the researcher, the anticipated benefits and potential risks of the study and the discomfort it may entail. The subject should be informed of the right to abstain from participation in the study or to withdraw consent to participate at any time without reprisal. After ensuring that the subject has understood the information, the physician should then obtain the subject's freely-given informed consent, preferably in writing. If the consent cannot be obtained in writing, the non-written consent must be formally documented and witnessed.

23. When obtaining informed consent for the research project the physician should be particularly cautious if the subject is in a dependent relationship with the physician or may consent under duress. In that case the informed consent should be obtained by a well-informed physician who is not engaged in the investigation and who is completely independent of this relationship.

24. For a research subject who is legally incompetent, physically or mentally incapable of giving consent or is a legally incompetent minor, the investigator must obtain informed consent from the legally authorized representative in

accordance with applicable law. These groups should not be included in research unless the research is necessary to promote the health of the population represented and this research cannot instead be performed on legally competent persons.

25. When a subject deemed legally incompetent, such as a minor child, is able to give assent to decisions about participation in research, the investigator must obtain that assent in addition to the consent of the legally authorized representative.

26. Research on individuals from whom it is not possible to obtain consent, including proxy or advance consent, should be done only if the physical/mental condition that prevents obtaining informed consent is a necessary characteristic of the research population. The specific reasons for involving research subjects with a condition that renders them unable to give informed consent should be stated in the experimental protocol for consideration and approval of the review committee. The protocol should state that consent to remain in the research should be obtained as soon as possible from the individual or a legally authorized surrogate.

27. Both authors and publishers have ethical obligations. In publication of the results of research, the investigators are obliged to preserve the accuracy of the results. Negative as well as positive results should be published or otherwise publicly available. Sources of funding, institutional affiliations and any possible conflicts of interest should be declared in the publication. Reports of experimentation not in accordance with the principles laid down in this Declaration should not be accepted for publication.

C. ADDITIONAL PRINCIPLES FOR MEDICAL RESEARCH COMBINED WITH MEDICAL CARE

28. The physician may combine medical research with medical care, only to the extent that the research is justified by its potential prophylactic, diagnostic or therapeutic value. When medical research is combined with medical care, additional standards apply to protect the patients who are research subjects.

29. The benefits, risks, burdens and effectiveness of a new method should be tested against those of the best current prophylactic, diagnostic, and therapeutic methods. This does not exclude the use of placebo, or no treatment, in studies where no proven prophylactic, diagnostic or therapeutic method exists.[1]

30. At the conclusion of the study, every patient entered into the study should be assured of access to the best proven prophylactic, diagnostic and therapeutic methods identified by the study.[2]

31. The physician should fully inform the patient which aspects of the care are related to the research. The refusal of a patient to participate in a study must never interfere with the patient-physician relationship.

32. In the treatment of a patient, where proven prophylactic, diagnostic and therapeutic methods do not exist or have been ineffective, the physician, with informed consent from the patient, must be free to use unproven or new prophylactic, diagnostic and therapeutic measures, if in the physician's judgement it offers hope of saving life, re-establishing health or alleviating suffering. Where possible, these measures should be made the object of research, designed to evaluate their safety and efficacy. In all cases, new information should be recorded and, where appropriate, published. The other relevant guidelines of this Declaration should be followed.

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[1] **Note of clarification on paragraph 29 of the WMA Declaration of Helsinki**

The WMA hereby reaffirms its position that extreme care must be taken in making use of a placebo-controlled trial and that in general this methodology should only be used in the absence of existing proven therapy. However, a placebo-controlled trial may be ethically acceptable, even if proven therapy is available, under the following circumstances:

- Where for compelling and scientifically sound methodological reasons its use is necessary to determine the efficacy or safety of a prophylactic, diagnostic or therapeutic method; or

- Where a prophylactic, diagnostic or therapeutic method is being investigated for a minor condition and the patients who receive placebo will not be subject to any additional risk of serious or irreversible harm.

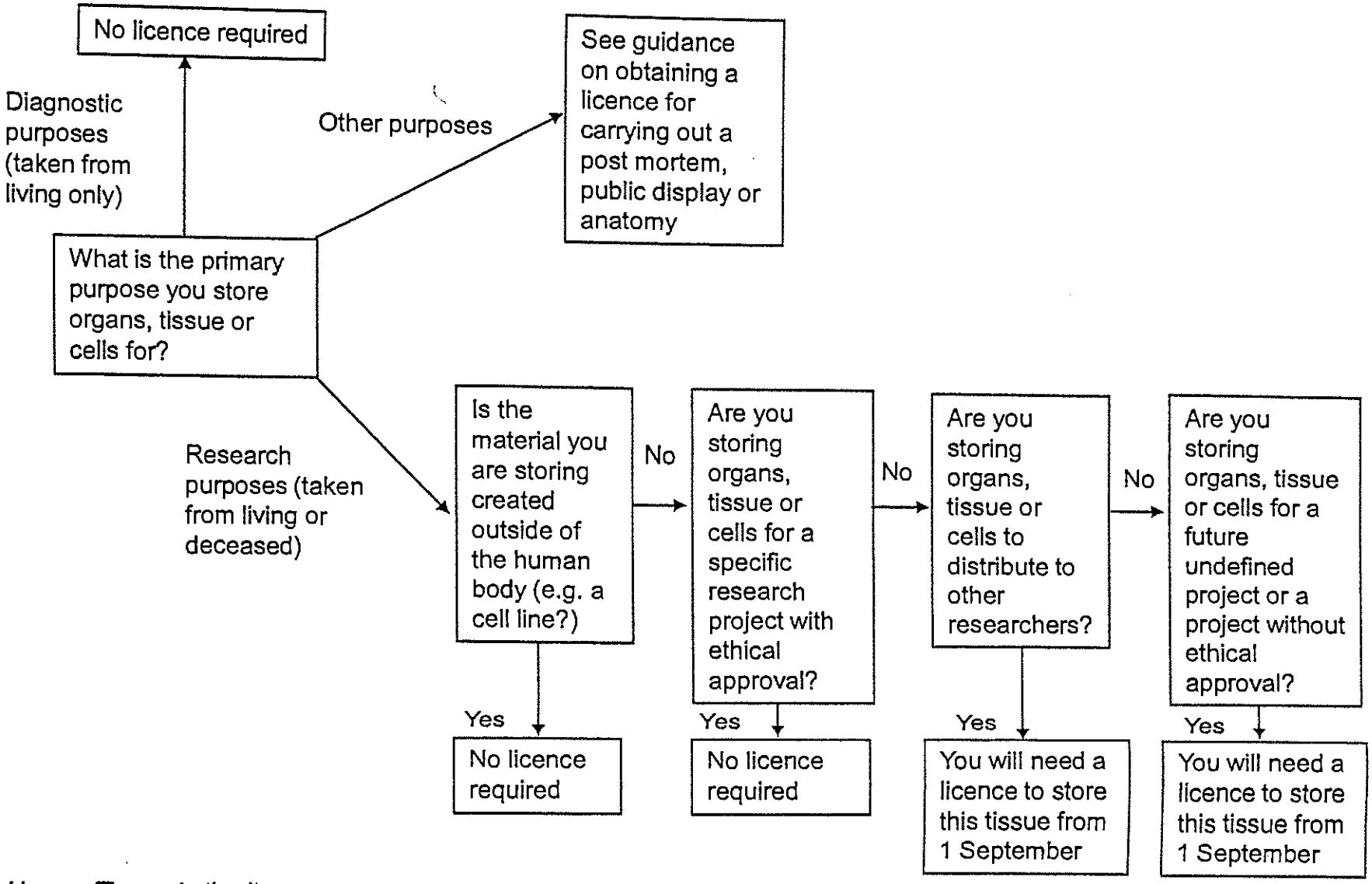
All other provisions of the Declaration of Helsinki must be adhered to, especially the need for appropriate ethical and scientific review.

[2] **Note of clarification on paragraph 30 of the WMA Declaration of Helsinki**

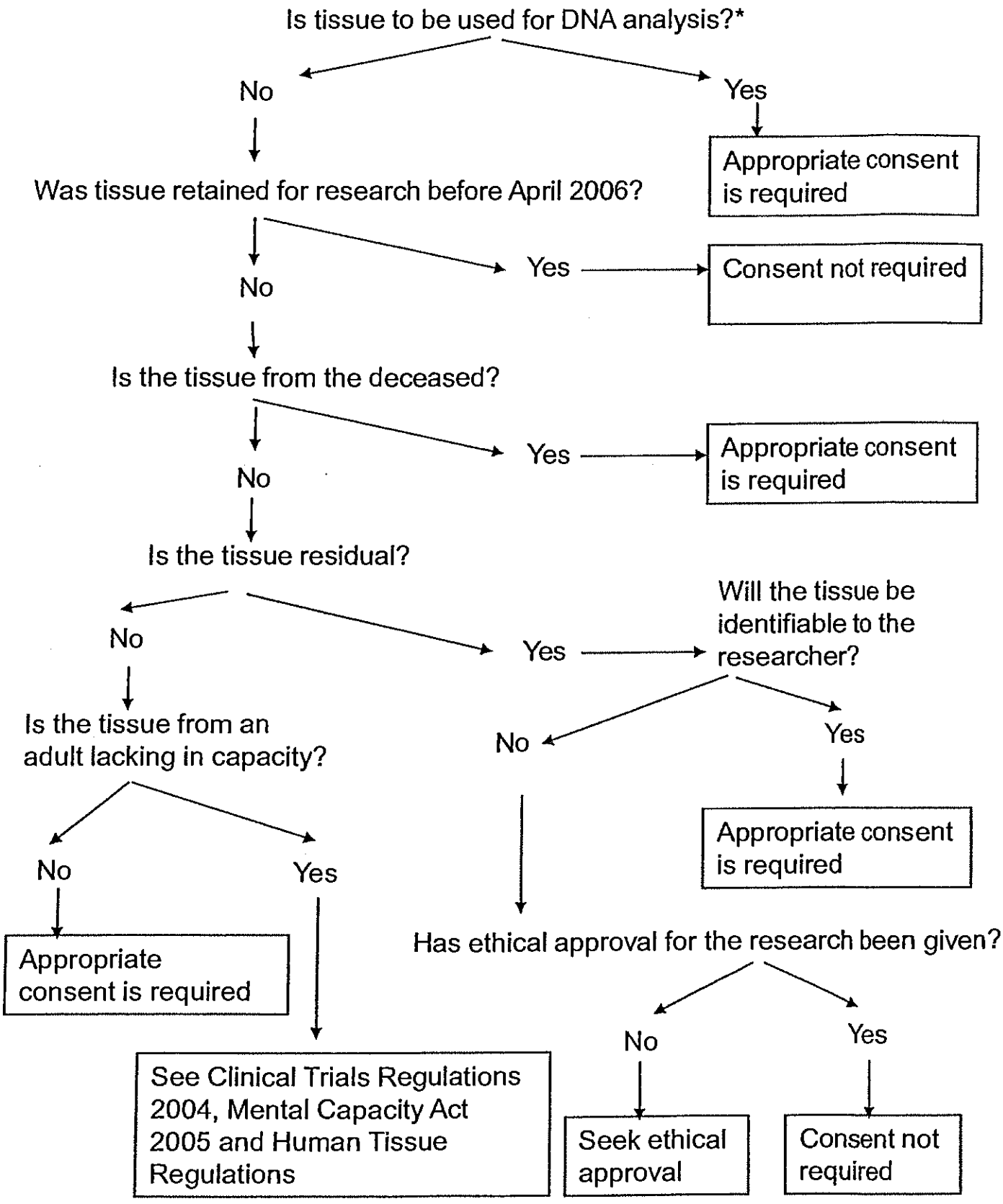
The WMA hereby reaffirms its position that it is necessary during the study planning process to identify post-trial access by study participants to prophylactic, diagnostic and therapeutic procedures identified as beneficial in the study or access to other appropriate care. Post-trial access arrangements or other care must be described in the study protocol so the ethical review committee may consider such arrangements during its review.

9.10.2004

Licensing for storage of tissue for research

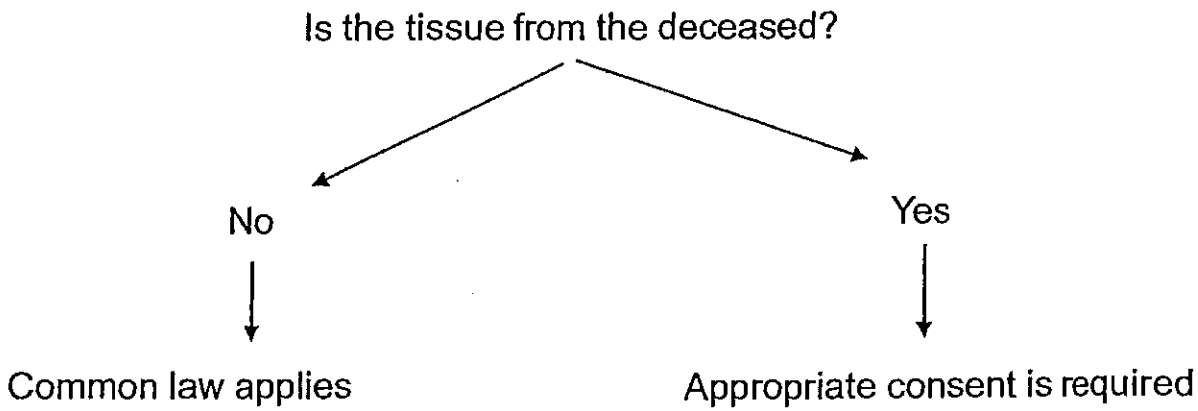


Retention and use of tissue



* This question applies UK-wide and includes nail, hair and gametes

Removal of tissue



SAFETY REPORTING (Research other than CTIMPs)

In other research other than CTIMPs, a *serious adverse event* (SAE) is defined as an untoward occurrence that:

(a) results in death;
(b) is life-threatening;
(c) requires hospitalisation or prolongation of existing hospitalisation;
(d) results in persistent or significant disability or incapacity;
(e) consists of a congenital anomaly or birth defect; or
(f) is otherwise considered medically significant by the investigator.

An SAE occurring to a research participant should be reported to the main REC where in the opinion of the Chief Investigator the event was:

- *Related* – that is, it resulted from administration of any of the research procedures, and
- *Unexpected* – that is, the type of event is not listed in the protocol as an expected occurrence.

	Who	What and when	How	Action by REC
SAE	Chief Investigator (CI) or sponsor	Any SAE that is related and unexpected. Within 15 days of the CI becoming aware of the event.	SAE report form for non-CTIMPs, available from NRES website. To main REC only.	Acknowledge by signing and returning copy of form. Review at REC or sub-committee meeting. Write to sponsor and CI following review if appropriate.
Urgent safety measures	Chief Investigator (CI) or sponsor	(i) Immediate notification. (ii) Within 3 days, setting out in full the reasons for the urgent safety measures and the plan for further action.	(i) By telephone. (ii) Notice in writing. To main REC only.	Review at REC or sub-committee meeting. Write to sponsor and CI following review.

PROGRESS REPORTING

Type	Who	When	How	Action by REC
Progress reports	May be submitted by sponsor, sponsor's legal representative or Chief Investigator (CI). Must always be signed by CI.	Annually (starting 12 months after the date of the favourable opinion) *Main REC may exceptionally request more frequent reports.* Co-ordinator of main REC to send reminder using SL38 if not received.	Annual progress report form on NRES website. Separate forms to be used for CTIMPs and non-CTIMPs.	Acknowledge using SL37. Review by Chair and/or any member of the REC. Notify REC in Co-ordinators' report.
Declaration of the conclusion or early termination of the research (CTIMPs)	Sponsor, sponsor's legal representative or CI	Within 90 days (conclusion). Within 15 days (early termination). *The end of the trial should be defined in the protocol.*	"Declaration of the end of a clinical trial" form prescribed by the European Commission (Annex 3 to ENTR/CT1), available from EudraCT website.	Acknowledge using SL39. Review by Chair and/or any member of the REC or Scientific Officer. Notify REC in Co-ordinators' report.
Declaration of the conclusion or early termination of the research (non-CTIMPs)	May be submitted by sponsor or CI. Must always be signed by CI.	As for CTIMPs.	End of study declaration form (non-CTIMPs) on NRES website	As for CTIMPs.
Summary of final report	Sponsor, sponsor's legal representative or CI	Within one year of the conclusion of the research. Co-ordinator of main REC to send reminder using SL41 if not received.	No standard format. The summary should include information on whether the study achieved its objectives, the main findings and arrangements for publication or dissemination including feedback to participants.	Acknowledge using SL40. Review by Chair and/or any member of the REC or Scientific Officer. Notify REC in Co-ordinators' report.

SAFETY REPORTING (CTIMPs)

SSAR = Suspected Serious Adverse Reaction
SUSAR = Suspected Unexpected Serious Adverse Reaction

A *serious adverse reaction* is an untoward and unintended response to an IMP at any dose, that:

(a) results in death;
(b) is life-threatening;
(c) requires hospitalisation or prolongation of existing hospitalisation;
(d) results in persistent or significant disability or incapacity; or
(e) consists of a congenital anomaly or birth defect.

An adverse reaction is *unexpected* if its nature and severity are not consistent with the information about the medicinal product in question set out:

- In the case of a product with marketing authorisation, in the Summary of Product Characteristics for that product
- In the case of any other IMP, in the Investigator's Brochure relating to the trial in question

Reporting date for periodic safety reports:

IMP with a marketing authorisation in any EU member state – the International Birth Date for the product
IMP without a marketing authorisation - the date on which any trial of the IMP being conducted by the sponsor was first authorised by a competent authority in any EU member state

For more detailed guidance, see section 9 of SOPs and the European Commission guidance on adverse reaction reporting (ENTR/CT3) available from the EudraCT website http://eudract.emea.eu.int/document.html#guidance

	Who	What and when	How	To Whom	Action by REC
Reporting of Individual SUSARs	Sponsor, sponsor's legal representative or Chief Investigator	Any SUSAR in the relevant trial in the UK. (a) or (b) must be reported within 7 days of the sponsor becoming aware of the event. Any additional information must be reported within 8 days of sending the first report. (c) (d) or (e) must be reported within 15 days of the sponsor becoming aware of the event.	NRES Safety Report Form (CTIMPs), enclosing: SUSAR report (no format prescribed but sponsors will usually follow CIOMS-1 format)	Main REC for the trial.	Acknowledge within 30 days by signing and returning copy of form, and file. No need for review.

	Who?	What and when?	How	To Whom	Action by REC
6-monthly safety Reporting	Sponsor, sponsor's legal representative or Chief Investigator *Only* where sponsor is responsible for trials of the IMP outside the UK.	All worldwide SUSARs in the reporting period with a summary of any issues affecting safety of participants. 6-monthly – within 60 days of reporting date.	NRES Safety Report Form (CTIMPs), enclosing: 6-monthly Safety Report (no format prescribed but ENTR/CT3 gives guidance on line listings).	Each main REC responsible for a trial of the IMP (separate covering form for each).	Acknowledge within 30 days by signing and returning copy of form. Review by Chair and/or suitable expert member.
Annual safety reporting	Sponsor, sponsor's legal representative or Chief Investigator	All worldwide SSARs in the reporting period, i.e. both expected and unexpected, with a summary of any issues affecting safety of participants. Annually – within 60 days of reporting date.	NRES Safety Report Form (CTIMPs), enclosing: Annual Safety Report (no format prescribed but ENTR/CT3 gives guidance on line listings).	Each main REC responsible for a trial of the IMP (separate covering form for each).	Acknowledge within 30 days by signing and returning copy of form. Review by Chair and/or suitable expert member.
Urgent safety measures	Sponsor, sponsor's legal representative or Chief Investigator *Or exceptionally by local Principal Investigator (PI)*	(i) Immediate notification. (ii) Within 3 days, setting out in full the reasons for the urgent safety measures and the plan for further action.	(i) By telephone. (ii) Notice in writing.	Main REC for the trial. *If notified by local PI, relevant local REC should also be informed.*	Review at REC or sub-committee meeting. *If notified by PI, consult local REC.* Write to sponsor and CI following review.

Pharmacovigilance- definitions and abbreviations

- **Adverse event (AE):** *any untoward medical occurrence in a patient or clinical trial subject administered a medicinal product and which does not necessarily have a causal relationship with this treatment.*

Comment: An adverse event can therefore be any unfavourable and unintended sign (including an abnormal laboratory finding), symptom, or disease temporally associated with the use of an investigational medicinal product, whether or not considered related to the investigational medicinal product

- **Adverse reaction of an investigational medicinal product (AR):** *all untoward and unintended responses to an investigational medicinal product related to any dose administered.*

Comment: All adverse events judged by either the reporting investigator or the sponsor as having a reasonable causal relationship to a medicinal product qualify as adverse reactions. The expression reasonable causal relationship means to convey in general that there is evidence or argument to suggest a causal relationship.

- **Unexpected adverse reaction:** *an adverse reaction, the nature, or severity of which is not consistent with the applicable product information (e.g. investigator's brochure for an unapproved investigational product or summary of product characteristics (SmPC) for an authorised product).*

Comments: - When the outcome of the adverse reaction is not consistent with the applicable product information this adverse reaction should be considered as unexpected.
- Severity: The term "severe" is often used to describe the intensity (severity) of a specific event. This is not the same as "serious," which is based on patient/event outcome or action criteria.

- **Serious adverse event or serious adverse reaction:** *any untoward medical occurrence*
or effect that at any dose
- results in death,
- is life-threatening
- requires hospitalisation or prolongation of existing inpatients' hospitalisation,
- results in persistent or significant disability or incapacity,
- is a congenital anomaly or birth defect.

Comments:
- Life-threatening in the definition of a serious adverse event or serious adverse reaction refers to an event in which the subject was at risk of death at the time of event; it does not refer to an event which hypothetically might have caused death if it were more severe.
- Medical judgment should be exercised in deciding whether an adverse event/ reaction is serious in other situations. Important adverse events/ reactions that are not immediately life-threatening or do not result in death or hospitalisation but may jeopardise the subject or may require intervention to prevent one of the other outcomes listed in the definition above, should also be considered serious.

Principles of Good Clinical Practice

1. The rights, safety and well-being of the trial subjects shall prevail over the interests of science and society.

2. Each individual involved in conducting a trial shall be qualified by education, training and experience to perform his tasks.

3. Clinical trials shall be scientifically sound and guided by ethical principles in all their aspects.

4. The necessary procedures to secure the quality of every aspect of the trial shall be complied with.

5. The available non-clinical and clinical information on an investigational medicinal product shall be adequate to support the proposed clinical trial.

6. Clinical trials shall be conducted in accordance with the principles of the Declaration of Helsinki.

7. The protocol shall provide for the definition of inclusion and exclusion of subjects participating in a clinical trial, monitoring and publication policy.

8. The investigator and sponsor shall consider all relevant guidance with respect to commencing and conducting a clinical trial.

9. All clinical information shall be recorded, handled and stored in such a way that it can be accurately reported, interpreted and verified, while the confidentiality of records of the trial subjects remains protected.

10. Before the trial is initiated, foreseeable risks and inconveniences have been weighed against the anticipated benefit for the individual trial subject and other present and future patients. A trial should be initiated and continued only if the anticipated benefits justify the risks.

11. The medical care given to, and medical decisions made on behalf of, subjects shall always be the responsibility of an appropriately qualified doctor or, when appropriate, of a qualified dentist.

12. A trial shall be initiated only if an ethic committee and the licensing authority comes to the conclusion that the anticipated therapeutic and public health benefits justify the risks and may be continued only if compliance with this requirement is permanently monitored.

13. The rights of each subject to physical and mental integrity, to privacy and to the protection of the data concerning him in accordance with the Data Protection Act 1998 are safeguard.

14. Provision has been made for insurance or indemnity to cover the liability of the investigator and sponsor which may arise in relation to the clinical trial".

List of Abbreviations

AE	Adverse event
AR	Adverse reaction
CI	Chief Investigator
COREC	See NRES
CR	Clinical Research
CRA	Clinical Research Associate (Monitor)
CRF	Case Report Form
CRO	Contract Research Organisation
CT	Clinical Trials
CTA	Clinical Trials Authorisation
GCP	Good Clinical Practice
GP	General Practitioner
GTAC	Gene Therapy Advisory Committee
IB	Investigators Brochure
ICF	Informed Consent Form
ICH	International Conference of Harmonisation
IEC	Independent Ethics Committee (see REC)
IMP	Investigational Medicinal Products
IRB	Independent Review Board (see REC)
MHRA	Medicines and Healthcare products Regulatory Agency
NRES	National Research Ethics Service (previously known as COREC)
PI	Principal Investigator
PIL	Participant/Patient Information Leaflet
R&D	HSC Trust R&D Department
REC	Research Ethics Committee
SAE	Serious Adverse Event
SAR	Serious Adverse Reaction
SmPC	Summary of Products Characteristics
SOP	Standard Operating Procedure
SUSAR	Suspected Unexpected Serious Adverse Reactions
TMF	Trial Master File

Belfast Health & Social Care Trust

Certificate of Completion

This is to certify that:

Aidan O'Brien

Has successfully completed

Good Clinical Practice Awareness Seminar

18 August 2010

Belfast Health and Social Care Trust

Personal Information redacted by USI

Dr Paul Biagioni, NICRN Manager

Southern Health and Social Care Trust

AOB-22253

Certificate of Attendance

Vienna
18-22 March 2011
www.eauvienna2011.org

The European Association of Urology, represented by Professor P-A. Abrahamsson, declares that:

Aidan O'Brien

participated in the 26th Annual EAU Congress, 18-22 March 2011, Vienna, Austria

Personal Information redacted by USI

Professor P-A. Abrahamsson
EAU Secretary General

E-B U
European Board of Urology

The EAU is accredited by the European Accreditation Council for Continuing Medical Education (EACCME) to provide the following CME activity for medical specialists.

The EACCME is an institution of the European Union of Medical Specialists (UEMS), www.uems.net.

The 26th Annual Congress of the European Association of Urology is designated for a maximum of 27 hours of European external CME credits including ESU Courses

Each medical specialist should claim only those hours of credit that he/she actually spent in the educational activity.

The EACCME credit system is based on 1 ECMEC per hour with a maximum of 3 ECMECs for half a day and 6 ECMECs for a full-day event.

EACCME credits are recognised by the American Medical Association towards the Physician's Recognition Award (PRA).

PO Box 30016
6803 AA Arnhem
The Netherlands

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F +31 (0) 26 389 0674

eau@uroweb.org
www.uroweb.org

eau European Association of Urology

AOB-22254

Certificate of Attendance

Aidan O'Brien

Participated in the ESU course

Surgery or radiotherapy for localised and locally advanced prostate cancer

at the time of the 26th Annual EAU Congress, Vienna, Austria

20 March 2011

Personal Information redacted by USI

H. Van Poppel
Chairman ESU

Personal Information redacted by USI

B. Djavan
Course Chairman

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eau@uroweb.org
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eau EUROPEAN SCHOOL OF UROLOGY

eau European Association of Urology

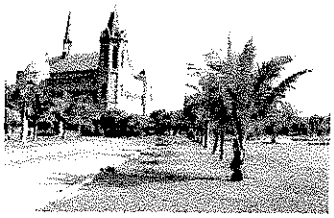
AOB-22255

Pakistan Association Of Urological Surgeons (PAUS)

UROCON 2011

PAKISTAN

PAKISTAN



Dear Mr. Aidan O"Brien,

It is a great pleasure for me to invite you to Karachi for the forth coming annual Conference of the Pakistan Association of Urological surgeons, Urocon 2011. We will be honored by your presence and will appreciate your participation in following areas.

Talk: What's wrong with PSA.
Panel Discussion: Live operating session Radical Cystectomy with orthotopic neo bladder
Panel Discussion: PAUS education office seminar, Urology residency and beyond

The annual three-day meeting will be in Karachi this year, UROCON 2011 on the 1st to 3rd April 2011.We are proud to provide National and International experts in the field of Minimally Invasive Surgery, Endourology, Extracorporeal Shock Wave Lithotripsy, and Uro-oncology. The conference will allows us to update all technological innovations in the field of urology. There will pre congress workshops on urethral surgery, interventional uro radiology and robotic/minimally invasive uro oncology.

In addition, there are three instructional courses on infertility, urodynamics and urethral stricture. In the conference we will have sessions on wide range of urologic topics.Limited seats are available, to allow active interaction and hands on experience, on first come basis.

The organizing committee chaired by Dr Ahmed Fawad has also organized two evenings and dinner for the delegates and speakers to relax and exchange ideas for future interaction and collaboration to further the cause of urology in the region and internationally.

For any update of the Seminar log on to: www.pausonline.org or www.pausonline.com
We are looking forward to welcome you in Karachi.

The PAUS organizing committee will be pleased to arrange for your lodging during the conference.

Personal Information redacted by the USI

Dr. Hammad Ather
Gen Sec PAUS and PAUS education office
Chair Scientific committee

Contact Person: Mr. Nehal Anjum
Postal Address: Urology Department, Liaquat National Hospital, Stadium Road, Karachi 74800
Phone No Personal Information redacted by USI
Web: www.pausonline.org, www.pausonline.com

Hammad Ather, Dept of Surgery, Aga Khan University, Ahmed Fawad, Ziauddin University and Aziz Abdullah, Liaquat national hospital
Email: Personal Information redacted by USI

PAKISTAN

UROCON 2011
Karachi, Pakistan

CERTIFICATE

This certificate is awarded to

Aidan O' Brien

For presenting a scientific paper at the annual conference of Pakistan Association of Urological Surgeons

Personal Information redacted by the USI

Ahemd Fawad
Chairman Organizing Committee
& President PAUS

Personal Information redacted by the USI

Hammad Ather
General Secretary PAUS

PAKISTAN

UROCON 2011
Karachi, Pakistan

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Chairman Organizing Committee
& President PAUS

Personal Information redacted by the USI

Hammad Ather
General Secretary PAUS

This is to certify that

Dr Aidan O'Brien

attended a meeting entitled
Management of Pelvic Pain(Dr Winston Demello)
&
Chronic Pain+Psychiatric Co-morbidities (Dr Judith O'Neill)

at
The Ivory Restaurant, Belfast

on
2nd June 2011

accounting for 2 hours
of further education

Signed:

Suzanne McTurk
Hospital Sales Executive

This meeting was organized
and funded by Pfizer Ltd

From: Elliott, Noleen [redacted]
Sent: 30 January 2019 15:15
To: O'Brien, Aidan
Subject: FW: Patients awaiting results

Importance: High

Aidan,

Please see email below from Collette. How should I respond?

Noleen

From: McCaul, Collette
Sent: 30 January 2019 12:33
To: Burke, Catherine; Cooke, Elaine; Cowan, Anne; Daly, Laura; Hall, Pamela; Kennedy, June; McCaffrey, Joe; Mulligan, Sharon; Nugent, Carol; Wortley, Heather; Wright, Brenda; Dignam, Paulette; Elliott, Noleen; Hanvey, Leanne; Loughran, Teresa; Neilly, Claire; Robinson, NicolaJ; Troughton, Elizabeth
Cc: Robinson, Katherine
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Importance: High

Hi all

I just need to clarify this process.

If a consultant states in letter " I am requesting CT/bloods etc etc and will review with the result. These patients ALL need to be DARO first pending the result not put on waiting list for an appointment at this stage. There is no way of ensuring that the result is seen by the consultant if we do not DARO, this is our fail safe so patients are not missed. Not always does a hard copy of the result reach us from Radiology etc so we cannot rely on a paper copy of the result to come to us.

Only once the Consultant has seen the result should the patient be then put on the waiting list for an appointment if required and at this stage the consultant can decide if they are red flag appointment, urgent or routine and they can be put on the waiting lists accordingly.

Can we make sure we are all following this process going forward

Collette McCaul
Acting Service Administrator (SEC) and EDT Project Officer
Ground Floor
Ramone Building
CAH
Ext [redacted]

Angela Kerr

From: O'Brien, Aidan [redacted]
Sent: 06 February 2019 23:33
To: McCaul, Collette
Cc: Young, Michael; Glackin, Anthony; Haynes, Mark; ODonoghue, JohnP; 'derek.hennessey [redacted] Corrigan, Martina
Subject: FW: Patients awaiting results

Importance: High

Follow Up Flag: Follow up
Flag Status: Completed

Dear Ms. McCaul,

I have been greatly concerned, indeed alarmed, to have learned of this directive which has been shared with me, out of similar concern.

The purpose of, the reason for, the decision to review a patient is indeed to review the patient.
The patient may indeed have had an investigation requested, to be carried out in the interim, and to be available at the time of review of the patient.
The investigation may be of varied significance to the review of the patient, but it is still the clinician's decision to review the patient.
One would almost think from the content of the process that you have sought to clarify, that normality of the investigation would negate the need to review the patient, or the clinician's desire or need to do so.
One could also conclude that if no investigation is requested, then perhaps only those patients are to be placed on a waiting list for review as requested, or are those patients not to be reviewed at all?

Secondly, if all patients who have had an investigation requested are not to be placed on a waiting list for review, as requested, until the requesting clinician has viewed the results and reports of all of these investigations, when do you anticipate that they will have the time to do so?
Have you quantified the time required and ensured that measures have been taken to have it provided?

Thirdly, you relate that it is by ensuring that the results are 'seen' by the consultant that patients will not be missed.
I would counter that it is by ensuring that the patient is provided with a review appointment at the time requested by the clinician that the patient will not be missed.

Perhaps, one example will suffice.
The last patient on whom I operated today is a 37 year old lady who has been known for some years to have partial duplication of both upper urinary tracts.
She has significantly reduced function provided by her left kidney.
She also has left ureteric reflux.
However, she also has had an enlarging stone located in a diverticulum arising by way of a narrow infundibulum from the upper moiety of her right kidney.
She has been suffering from intermittent right loin and flank pain, as well as left flank pain when she has a urinary infection.
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She is scheduled for discharge tomorrow.
I planned to have a CT scan repeated in May and to review her in June.
The purpose of reviewing her is to determine whether her surgical intervention has relieved her of her pain, reduced the incidence of infection, and as a consequence, reduced the frequency and severity of her left flank pain.
Review of the CT images at the time of the patient's review will inform her review.

It will evidently not replace it.

Lastly, I find it remarkable that your process be clarified with secretarial staff without consultation with or agreement with consultants who, by definition, should be consulted!

I would request that you consider withdrawing your directive as it has profound implications for the management of patients, and certainly until it has been discussed with clinicians.
I would also be grateful if you would advise by earliest return who authorised this process,

Aidan O'Brien.

From: Elliott, Noleen
Sent: 01 February 2019 13:17
To: O'Brien, Aidan
Subject: FW: Patients awaiting results
Importance: High

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Sent: 30 January 2019 12:33
To: Burke, Catherine; Cooke, Elaine; Cowan, Anne; Daly, Laura; Hall, Pamela; Kennedy, June; McCaffrey, Joe; Mulligan, Sharon; Nugent, Carol; Wortley, Heather; Wright, Brenda; Dignam, Paulette; Elliott, Noleen; Hanvey, Leanne; Loughran, Teresa; Neilly, Claire; Robinson, NicolaJ; Troughton, Elizabeth
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Acting Service Administrator (SEC) and EDT Project Officer
Ground Floor
Ramone Building
CAH
Ext Personal Information redacted by USI

Angela Kerr

From: O'Brien, Aidan [redacted]
Sent: 06 February 2019 23:34
To: Elliott, Noleen
Subject: FW: Patients awaiting results

Importance: High

Noleen,

A copy of my email to Collette McCaul,

Aidan

From: O'Brien, Aidan
Sent: 06 February 2019 23:33
To: McCaul, Collette
Cc: Young, Michael; Glackin, Anthony; Haynes, Mark; ODonoghue, JohnP; 'derek.hennessey [redacted] Corrigan, Martina
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Collette McCaul
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Ground Floor
Ramone Building
CAH
Ext Personal Information redacted by USI

Angela Kerr

From: Haynes, Mark [redacted]
Sent: 07 February 2019 06:24
To: O'Brien, Aidan; McCaul, Collette; Robinson, Katherine
Cc: Young, Michael; Glackin, Anthony; ODonoghue, JohnP; 'derek.hennessey [redacted] Corrigan, Martina
Subject: RE: Patients awaiting results

Morning

The process below is not a urology process but a trust wide process. It is intended, in light of the reality that patients in many specialities do not get a review OP at the time intended (and can in many cases take place years after the intent), to ensure that scans are reviewed and in particular unanticipated findings actioned. Without this process there is a risk that patients may await review without a result being looked at. There have been cases (not urology) of patients imaging not being actioned and resultant delay in management of significant pathologies. As stated this is a trust wide governance process that is intended to ensure there are no unactioned significant findings. There is no risk in the process described.

If the patient described has their scan in May, the report will be available to you and can be signed off and the patient planned for review in June, there is no delay to the patients care. The DARO list is reviewed regularly by the secretarial team and would pick up if the scan has been done but you hadn't received the report, if the scan hasn't been done etc.

It may be ideal that such a patient described would be placed on both the DARO list and a review OP WL but PAS does not allow for this.

I have no issue (as a clinician or as AMD) with the process described as it does not risk a patient not being seen and acts as a safety net for their test results being seen.

Mark

From: O'Brien, Aidan
Sent: 06 February 2019 23:33
To: McCaul, Collette
Cc: Young, Michael; Glackin, Anthony; Haynes, Mark; ODonoghue, JohnP; 'derek.hennessey [redacted] Corrigan, Martina
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To: O'Brien, Aidan
Subject: FW: Patients awaiting results
Importance: High

From: McCaul, Collette
Sent: 30 January 2019 12:33
To: Burke, Catherine; Cooke, Elaine; Cowan, Anne; Daly, Laura; Hall, Pamela; Kennedy, June; McCaffrey, Joe; Mulligan, Sharon; Nugent, Carol; Wortley, Heather; Wright, Brenda; Dignam, Paulette; Elliott, Noleen; Hanvey, Leanne; Loughran, Teresa; Neilly, Claire; Robinson, NicolaJ; Troughton, Elizabeth
Cc: Robinson, Katherine
Subject: Patients awaiting results
Importance: High

Hi all

I just need to clarify this process.

If a consultant states in letter " I am requesting CT/bloods etc etc and will review with the result. These patients ALL need to be DARO first pending the result not put on waiting list for an appointment at this stage. There is no way of ensuring that the result is seen by the consultant if we do not DARO, this is our fail safe so patients are not missed. Not always does a hard copy of the result reach us from Radiology etc so we cannot rely on a paper copy of the result to come to us.

Only once the Consultant has seen the result should the patient be then put on the waiting list for an appointment if required and at this stage the consultant can decide if they are red flag appointment, urgent or routine and they can be put on the waiting lists accordingly.

Can we make sure we are all following this process going forward

Collette McCaul
Acting Service Administrator (SEC) and EDT Project Officer
Ground Floor
Ramone Building
CAH
Ext Personal Information redacted by USI

Angela Kerr

From: Robinson, Katherine [redacted]
Sent: 07 February 2019 10:00
To: Haynes, Mark; O'Brien, Aidan; McCaul, Collette
Cc: Young, Michael; Glackin, Anthony; ODonoghue, JohnP; 'derek.hennessey [redacted] Corrigan, Martina
Subject: RE: Patients awaiting results

Folks

Can I just back this up by saying that Dr Rankin introduced this process trust wide many years ago due as a result of safety issues with patients. It actually increases secretarial work load due to extra checks but this is in the best interest of patients. I am aware Mr O'Brien that your secretary in particular does not use DARO in all cases and will put patients directly on the review waiting list as per your instruction. I have expressed my concern with her not implementing the DARO process fully.

Collette McCaul is the Line Manager to Urology, ENT, Opthalmology and Oral Surgery, it is her responsibility to follow directives and remind staff of processes that are in place. Collette was merely doing her job.

Regards

Katherine

Mrs Katherine Robinson
Booking & Contact Centre Manager
Southern Trust Referral & Booking Centre
Ramone Building
Craigavon Area Hospital

t: [redacted]
e: [redacted]

From: Haynes, Mark
Sent: 07 February 2019 06:24
To: O'Brien, Aidan; McCaul, Collette; Robinson, Katherine
Cc: Young, Michael; Glackin, Anthony; ODonoghue, JohnP; 'derek.hennessey [redacted] Corrigan, Martina
Subject: RE: Patients awaiting results

Morning

The process below is not a urology process but a trust wide process. It is intended, in light of the reality that patients in many specialities do not get a review OP at the time intended (and can in many cases take place years after the intent), to ensure that scans are reviewed and in particular unanticipated findings actioned. Without this process there is a risk that patients may await review without a result being looked at. There have been cases (not urology) of patients imaging not being actioned and resultant delay in management of significant pathologies. As stated this is a trust wide governance process that is intended to ensure there are no unactioned significant findings. There is no risk in the process described.

If the patient described has their scan in May, the report will be available to you and can be signed off and the patient planned for review in June, there is no delay to the patients care. The DARO list is reviewed regularly by the secretarial team and would pick up if the scan has been done but you hadn't received the report, if the scan hasn't been done etc.

It may be ideal that such a patient described would be placed on both the DARO list and a review OP WL but PAS does not allow for this.

I have no issue (as a clinician or as AMD) with the process described as it does not risk a patient not being seen and acts as a safety net for their test results being seen.

Mark

From: O'Brien, Aidan
Sent: 06 February 2019 23:33
To: McCaul, Collette
Cc: Young, Michael; Glackin, Anthony; Haynes, Mark; ODonoghue, JohnP; 'derek.hennessey [Personal Information redacted by USI] Corrigan, Martina
Subject: FW: Patients awaiting results
Importance: High

Dear Ms. McCaul,

I have been greatly concerned, indeed alarmed, to have learned of this directive which has been shared with me, out of similar concern.

The purpose of, the reason for, the decision to review a patient is indeed to review the patient.
The patient may indeed have had an investigation requested, to be carried out in the interim, and to be available at the time of review of the patient.
The investigation may be of varied significance to the review of the patient, but it is still the clinician's decision to review the patient.
One would almost think from the content of the process that you have sought to clarify, that normality of the investigation would negate the need to review the patient, or the clinician's desire or need to do so.
One could also conclude that if no investigation is requested, then perhaps only those patients are to be placed on a waiting list for review as requested, or are those patients not to be reviewed at all?

Secondly, if all patients who have had an investigation requested are not to be placed on a waiting list for review, as requested, until the requesting clinician has viewed the results and reports of all of these investigations, when do you anticipate that they will have the time to do so?
Have you quantified the time required and ensured that measures have been taken to have it provided?

Thirdly, you relate that it is by ensuring that the results are 'seen' by the consultant that patients will not be missed.
I would counter that it is by ensuring that the patient is provided with a review appointment at the time requested by the clinician that the patient will not be missed.

Perhaps, one example will suffice.
The last patient on whom I operated today is a 37 year old lady who has been known for some years to have partial duplication of both upper urinary tracts.
She has significantly reduced function provided by her left kidney.
She also has left ureteric reflux.
However, she also has had an enlarging stone located in a diverticulum arising by way of a narrow infundibulum from the upper moiety of her right kidney.
She has been suffering from intermittent right loin and flank pain, as well as left flank pain when she has a urinary infection.
Today, I have managed to virtually completely clear stone from the diverticulum after the second session of laser infundibulotomy and lithotripsy.
She is scheduled for discharge tomorrow.

I planned to have a CT scan repeated in May and to review her in June.
The purpose of reviewing her is to determine whether her surgical intervention has relieved her of her pain, reduced the incidence of infection, and as a consequence, reduced the frequency and severity of her left flank pain.
Review of the CT images at the time of the patient's review will inform her review.
It will evidently not replace it.

Lastly, I find it remarkable that your process be clarified with secretarial staff without consultation with or agreement with consultants who, by definition, should be consulted!

I would request that you consider withdrawing your directive as it has profound implications for the management of patients, and certainly until it has been discussed with clinicians.
I would also be grateful if you would advise by earliest return who authorised this process,

Aidan O'Brien.

From: Elliott, Noleen
Sent: 01 February 2019 13:17
To: O'Brien, Aidan
Subject: FW: Patients awaiting results
Importance: High

From: McCaul, Collette
Sent: 30 January 2019 12:33
To: Burke, Catherine; Cooke, Elaine; Cowan, Anne; Daly, Laura; Hall, Pamela; Kennedy, June; McCaffrey, Joe; Mulligan, Sharon; Nugent, Carol; Wortley, Heather; Wright, Brenda; Dignam, Paulette; Elliott, Noleen; Hanvey, Leanne; Loughran, Teresa; Neilly, Claire; Robinson, NicolaJ; Troughton, Elizabeth
Cc: Robinson, Katherine
Subject: Patients awaiting results
Importance: High

Hi all

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Can we make sure we are all following this process going forward

Collette McCaul
Acting Service Administrator (SEC) and EDT Project Officer
Ground Floor
Ramone Building

CAH

Personal Information redacted by USI

Angela Kerr

From: Elliott, Noleen [redacted]
Sent: 07 February 2019 17:18
To: O'Brien, Aidan
Subject: FW: UROLOGY- 04.12.18-DARO
Attachments: UROLOGY- 04.12.18.xlsx

From: McCaul, Collette
Sent: 04 December 2018 12:08
To: Dignam, Paulette; Elliott, Noleen; Hanvey, Leanne; Loughran, Teresa; Mulligan, Sharon; Neilly, Claire; Robinson, NicolaJ; Troughton, Elizabeth
Subject: UROLOGY- 04.12.18-DARO

Hi all

Here is the most recent DARO

Please can I have it completed and returned by Monday 17th December .

Many thanks

Collette

Collette McCaul
Acting Service Administrator (SEC)
Ground Floor
Ramone Building
CAH
Ext [redacted]

Hospital Code	Speciality Description (R)	Specialty Description	Consultant Name	Casenote	HCN	Referral Date Only	Date of Discharge only	Discharges	Discharge Code	Discharge Comment
				Personal Information redacted by USI						
CAH	UROLOGY	UROLOGY(C)	HAYNES M D MR	[redacted]		08/08/2014	16/01/2017	1	DARO	USS JANUARY 2019 & WRITE
CAH	UROLOGY	UROLOGY(C)	GLACKIN A.J MR	[redacted]		11/07/2002	01/03/2017	1	DARO	uss jan 19 U+E sept 18
CAH	UROLOGY	UROLOGY(C)	HAYNES M D MR	[redacted]		11/12/2015	13/03/2017	1	DARO	USS 02/19 & WRITE
CAH	UROLOGY	UROLOGY(C)	HAYNES M D MR	[redacted]		04/06/2015	15/03/2017	1	DARO	USS 02/19 & WRITE
CAH	UROLOGY	UROLOGY(C)	HAYNES M D MR	[redacted]		16/11/2015	21/03/2017	1	DARO	USS MARCH 2019 & WRITE
CAH	UROLOGY	UROLOGY(C)	HAYNES M D MR	[redacted]		24/01/2017	21/03/2017	1	DARO	CT MARCH 2019 & WRITE
CAH	UROLOGY	UROLOGY(C)	HAYNES M D MR	[redacted]		09/11/2016	04/04/2017	1	DARO	USS 03/19 & WRITE
CAH	UROLOGY	UROLOGY(C)	HAYNES M D MR	[redacted]		03/04/2017	04/04/2017	1	DARO	CT MARCH 2019 & WRITE
CAH	UROLOGY	UROLOGY(C)	HAYNES M D MR	[redacted]		14/06/2016	31/05/2017	1	DARO	CT MAY 2019 & WRITE
CAH	UROLOGY	UROLOGY(C)	HAYNES M D MR	[redacted]		19/05/2017	16/06/2017	1	DARO	CT RENAL 06/19 & WRITE
CAH	UROLOGY	UROLOGY(C)	HAYNES M D MR	[redacted]		08/09/2015	14/07/2017	1	DARO	USS JULY 2019 & WRITE
CAH	UROLOGY	UROLOGY(C)	HAYNES M D MR	[redacted]		31/03/2016	21/08/2017	1	DARO	CT CAP AUGUST 2019 & WRITE
CAH	UROLOGY	UROLOGY(C)	GLACKIN A.J MR	[redacted]		18/08/2017	04/09/2017	1	DARO	CT DEC 18
CAH	UROLOGY	UROLOGY(C)	HAYNES M D MR	[redacted]		30/11/2015	11/09/2017	1	DARO	USS & PLAIN FILM 09/19
CAH	UROLOGY	UROLOGY(C)	HAYNES M D MR	[redacted]		27/08/2014	13/09/2017	1	DARO	USS 09/19 & WRITE
CAH	UROLOGY	UROLOGY(C)	HAYNES M D MR	[redacted]		28/06/2017	18/09/2017	1	DARO	RENOGRAM 09/19 & WRITE
CAH	UROLOGY	UROLOGY(C)	HAYNES M D MR	[redacted]		1/08/2014	18/09/2017	1	DARO	CT CAP 09/18
CAH	UROLOGY	UROLOGY(C)	GLACKIN A.J MR	[redacted]		05/04/2017	19/09/2017	1	DARO	CT MARCH 2018 REV SEPT 18
CAH	UROLOGY	UROLOGY(C)	HAYNES M D MR	[redacted]		31/03/2017	25/09/2017	1	DARO	PSA 09/18 & WRITE
CAH	UROLOGY	UROLOGY(C)	HAYNES M D MR	[redacted]		23/07/2015	28/09/2017	1	DARO	USS 09/19 & WRITE
CAH	UROLOGY	UROLOGY(C)	HAYNES M D MR	[redacted]		17/09/2015	11/10/2017	1	DARO	PLAIN XRAY 09/19 & WRITE
CAH	UROLOGY	UROLOGY(C)	HAYNES M D MR	[redacted]		7/09/2015	17/10/2017	1	DARO	USS OCT 2019 & WRITE
CAH	UROLOGY	UROLOGY(C)	HAYNES M D MR	[redacted]		05/09/2017	17/10/2017	1	DARO	USS 10/18 & WRITE
CAH	UROLOGY	UROLOGY(C)	HAYNES M D MR	[redacted]		27/10/2009	18/10/2017	1	DARO	CT OCTOBER 2019

				Personal Information redacted by USI					
CAH	UROLOGY	UROLOGY(C)	HAYNES M D MR	[redacted]	02/02/2017	25/10/2017	1	DARO	CT 10/18 & WRITE
CAH	UROLOGY	UROLOGY(C)	HAYNES M D MR	[redacted]	06/11/2017	06/11/2017	1	DARO	CT NOVEMBER 2019 & WRITE
CAH	UROLOGY	UROLOGY(C)	GLACKIN A.J MR	[redacted]	15/08/2013	07/11/2017	1	DARO	CT DHH NOV 2018 PER AJG
CAH	UROLOGY	UROLOGY(C)	HAYNES M D MR	[redacted]	15/05/2015	07/11/2017	1	DARO	PSA OCT 2018 & WRITE
CAH	UROLOGY	UROLOGY(C)	GLACKIN A.J MR	[redacted]	09/05/2016	08/11/2017	1	DARO	USS NOV 2018
CAH	UROLOGY	UROLOGY(C)	GLACKIN A.J MR	[redacted]	09/05/2012	09/11/2017	1	DARO	ct nov 18
CAH	UROLOGY	UROLOGY(C)	HAYNES M D MR	[redacted]	15/03/2013	20/11/2017	1	DARO	DMSA NOVEMBER 2019
CAH	UROLOGY	UROLOGY(C)	O'DONOGHUE J P MR	[redacted]	26/03/2017	21/11/2017	1	DARO	HEAR FROM DHH RENAL
CAH	UROLOGY	UROLOGY(C)	GLACKIN A.J MR	[redacted]	12/09/2017	24/11/2017	1	DARO	USS NOV 18
CAH	UROLOGY	UROLOGY(C)	HAYNES M D MR	[redacted]	27/08/2014	27/11/2017	1	DARO	RENOGRAM 11/19 & WRITE
CAH	UROLOGY	UROLOGY(C)	JACOB T MR	[redacted]	17/02/2017	27/11/2017	1	DARO	USS TESTES OCT 2018
CAH	UROLOGY	UROLOGY(C)	HAYNES M D MR	[redacted]	21/11/2017	28/11/2017	1	DARO	USS NOV 2018 & WRITE
CAH	UROLOGY	UROLOGY(C)	GLACKIN A.J MR	[redacted]	06/09/2012	29/11/2017	1	DARO	PLAIN FILM NOV 18
CAH	UROLOGY	UROLOGY(C)	JACOB T MR	[redacted]	25/03/2016	29/11/2017	1	DARO	TJ TO DISCUSS WITH MY
CAH	UROLOGY	UROLOGY(C)	HAYNES M D MR	[redacted]	08/09/2015	30/11/2017	1	DARO	PLAIN FILM 11/18 & WRITE
CAH	UROLOGY	UROLOGY(C)	HAYNES M D MR	[redacted]	09/10/2017	01/12/2017	1	DARO	USS 11/18 & WRITE
CAH	UROLOGY	UROLOGY(C)	HAYNES M D MR	[redacted]	13/06/2011	04/12/2017	1	DARO	PSA 12/18 & WRITE
CAH	UROLOGY	UROLOGY(C)	GLACKIN A.J MR	[redacted]	30/01/2014	05/12/2017	1	DARO	MRI NOV 18
CAH	UROLOGY	UROLOGY(C)	GLACKIN A.J MR	[redacted]	30/03/2017	06/12/2017	1	DARO	PSA NOV 18
CAH	UROLOGY	UROLOGY(C)	GLACKIN A.J MR	[redacted]	24/07/2017	12/12/2017	1	DARO	XRAY OMAGH DEC 2018 PER AJG
CAH	UROLOGY	UROLOGY(C)	HAYNES M D MR	[redacted]	21/11/2017	12/12/2017	1	DARO	CT CAP 11/18 & WRITE
CAH	UROLOGY	UROLOGY(C)	GLACKIN A.J MR	[redacted]	10/12/2013	13/12/2017	1	DARO	CT DEC 2018
CAH	UROLOGY	UROLOGY(C)	HAYNES M D MR	[redacted]	04/01/2016	13/12/2017	1	DARO	CT 12/18 & WRITE
CAH	UROLOGY	UROLOGY(C)	HAYNES M D MR	[redacted]	12/04/2017	13/12/2017	1	DARO	USS DECEMBER 18 & WRITE

				Personal Information redacted by USI					
CAH	UROLOGY	UROLOGY(C)	HAYNES M D MR		1/11/2017	13/12/2017	1	DARO	PSA 12/18 & WRITE
CAH	UROLOGY	UROLOGY(C)	HAYNES M D MR		5/12/2014	13/12/2017	1	DARO	CT DECEMBER 18 & WRITE
CAH	UROLOGY	UROLOGY(C)	O'BRIEN A MR		3/11/2017	13/12/2017	1	DARO	CT -DEC 18 THEN REV SWAH 01/19
CAH	UROLOGY	UROLOGY(C)	HAYNES M D MR		3/07/2014	15/12/2017	1	DARO	CT DECEMBER 2018 & WRITE
CAH	UROLOGY	UROLOGY(C)	HAYNES M D MR		7/03/2015	15/12/2017	1	DARO	CT 12/18 & WRITE
CAH	UROLOGY	UROLOGY(C)	YOUNG M MR		8/11/2016	15/12/2017	1	DARO	CT TBA IF OK DIS PER O/C SHEET
CAH	UROLOGY	UROLOGY(C)	HAYNES M D MR		2/09/2015	18/12/2017	1	DARO	PSA 12/18 & WRITE
CAH	UROLOGY	UROLOGY(C)	HAYNES M D MR		5/04/2003	20/12/2017	1	DARO	CT DECEMBER 2019 & WRITE
CAH	UROLOGY	UROLOGY(C)	HAYNES M D MR		3/10/2015	20/12/2017	1	DARO	DMSA, XRAY MTG - MDH HAS NOTES
CAH	UROLOGY	UROLOGY(C)	HAYNES M D MR		1/11/2015	20/12/2017	1	DARO	FREQ VOLUME CHART & WRITE
CAH	UROLOGY	UROLOGY(C)	JACOB T MR		6/05/2017	20/12/2017	1	DARO	USS DEC 2018
CAH	UROLOGY	UROLOGY(C)	HAYNES M D MR		9/12/2016	21/12/2017	1	DARO	CT 12/18 & WRITE
CAH	UROLOGY	UROLOGY(C)	YOUNG M MR		6/04/2017	21/12/2017	1	DARO	AWAIT BLOODS & XRAY (DEC 18)
CAH	UROLOGY	UROLOGY(C)	O'BRIEN A MR		20/12/2017	23/12/2017	1	DARO	URIC ACID -MARCH 2018 REG
CAH	UROLOGY	UROLOGY(C)	GLACKIN A.J MR		23/05/2013	29/12/2017	1	DARO	PSA DEC 2018
CAH	UROLOGY	UROLOGY(C)	GLACKIN A.J MR		24/04/2014	02/01/2018	1	DARO	BLOODS nov 18 REV JAN 19
CAH	UROLOGY	UROLOGY(C)	GLACKIN A.J MR		11/11/2016	02/01/2018	1	DARO	PLAIN XRAY JAN 19
CAH	UROLOGY	UROLOGY(C)	YOUNG M MR		13/12/2017	04/01/2018	1	DARO	AWAIT CT UROGRAM
CAH	UROLOGY	UROLOGY(C)	YOUNG M MR		11/12/2017	04/01/2018	1	DARO	ULTRASOUND JAN 2019
CAH	UROLOGY	UROLOGY(C)	GLACKIN A.J MR		30/01/2015	08/01/2018	1	DARO	CT DEC 2018
CAH	UROLOGY	UROLOGY(C)	HAYNES M D MR		14/01/2016	08/01/2018	1	DARO	CT JAN 2019 & WRITE
CAH	UROLOGY	UROLOGY(C)	HAYNES M D MR		07/10/2015	08/01/2018	1	DARO	USS JAN 2020
CAH	UROLOGY	UROLOGY(C)	HAYNES M D MR		18/01/2017	08/01/2018	1	DARO	USS 01/19 & WRITE
CAH	UROLOGY	UROLOGY(C)	HAYNES M D MR		26/08/2017	08/01/2018	1	DARO	USS JAN 2019 & WRITE

				Personal Information redacted by USI					
CAH	UROLOGY	UROLOGY(C)	HAYNES M D MR		02/06/2017	08/01/2018	1	DARO	uss 01/19 & write
CAH	UROLOGY	UROLOGY(C)	HAYNES M D MR		11/07/2017	09/01/2018	1	DARO	MRI JAN 2019 & WRITE
CAH	UROLOGY	UROLOGY(C)	HAYNES M D MR		28/12/2016	09/01/2018	1	DARO	USS JAN 2019 & WRITE
CAH	UROLOGY	UROLOGY(C)	HAYNES M D MR		03/05/2017	10/01/2018	1	DARO	CT JAN 2019 & WRITE
CAH	UROLOGY	UROLOGY(C)	HAYNES M D MR		10/07/2017	11/01/2018	1	DARO	CT JAN 19 & WRITE
CAH	UROLOGY	UROLOGY(C)	YOUNG M MR		23/05/2017	12/01/2018	1	DARO	AWAIT RESPONSE FROM SWAH
CAH	UROLOGY	UROLOGY(C)	GLACKIN A J MR		07/09/2011	15/01/2018	1	DARO	USS RENAL JAN 2019
CAH	UROLOGY	UROLOGY(C)	HAYNES M D MR		28/06/2017	16/01/2018	1	DARO	USS JAN 2019 & WRITE
CAH	UROLOGY	UROLOGY(C)	HAYNES M D MR		04/07/2014	17/01/2018	1	DARO	CT JANUARY 2019 & WRITE
CAH	UROLOGY	UROLOGY(C)	HAYNES M D MR		21/12/2017	19/01/2018	1	DARO	CT RENAL 01/19 & WRITE
CAH	UROLOGY	UROLOGY(C)	HAYNES M D MR		16/05/2017	19/01/2018	1	DARO	USS JAN 2019
CAH	UROLOGY	UROLOGY(C)	HAYNES M D MR		04/01/2018	22/01/2018	1	DARO	USS JAN 2019 & WRITE
CAH	UROLOGY	UROLOGY(C)	HAYNES M D MR		15/09/2017	23/01/2018	1	DARO	CT DONE AW RESPONSE DR GRACEY
CAH	UROLOGY	UROLOGY(C)	HAYNES M D MR		29/08/2014	24/01/2018	1	DARO	CT DECEMBER 18 & WRITE
CAH	UROLOGY	UROLOGY(C)	HAYNES M D MR		02/04/2015	24/01/2018	1	DARO	CT JANUARY 2019 & WRITE
CAH	UROLOGY	UROLOGY(C)	HAYNES M D MR		11/01/2017	24/01/2018	1	DARO	PSA 01/19 & WRITE
DHH	UROLOGY	UROLOGY(C)	HAYNES M D MR		30/06/2017	24/01/2018	1	DARO	CT JAN 2019 & WRITE
CAH	UROLOGY	UROLOGY(C)	HAYNES M D MR		06/11/2017	25/01/2018	1	DARO	USS 12/18 & LTR DR OHAGAN
CAH	UROLOGY	UROLOGY(C)	HAYNES M D MR		03/07/2017	26/01/2018	1	DARO	CT JAN 2019 & WRITE
CAH	UROLOGY	UROLOGY(C)	O'BRIEN A MR		26/01/2018	26/01/2018	1	DARO	CT THEN REVIEW WITH RES
CAH	UROLOGY	UROLOGY(C)	HAYNES M D MR		03/03/2017	31/01/2018	1	DARO	CT JULY 2019 & WRITE
CAH	UROLOGY	UROLOGY(C)	HAYNES M D MR		08/06/2017	31/01/2018	1	DARO	USS 01/19 & WRITE
CAH	UROLOGY	UROLOGY(C)	YOUNG M MR		29/01/2018	01/02/2018	1	DARO	STONE MDT USS 1 YEAR PER LAURA
CAH	UROLOGY	UROLOGY(C)	HAYNES M D MR		09/12/2016	02/02/2018	1	DARO	CT CAP JAN 2019 & WRITE

				Personal Information redacted by USI					
CAH	UROLOGY	UROLOGY(C)	O'DONOGHUE J P MR		31/03/2017	02/02/2018	1	DARO	MRI FEB 2019
CAH	UROLOGY	NURSE LED UROLOGY(N)	NURSE LED CLINIC		14/08/2012	05/02/2018	1	DARO	USS JANUARY 2019 & WRITE
CAH	UROLOGY	UROLOGY(C)	HAYNES M D MR		06/04/2017	05/02/2018	1	DARO	USS FEB 2019 & WRITE
CAH	UROLOGY	UROLOGY(C)	HAYNES M D MR		30/06/2016	06/02/2018	1	DARO	USS FEB 2019 & WRITE
CAH	UROLOGY	UROLOGY(C)	GLACKIN A.J MR		04/01/2017	08/02/2018	1	DARO	PSA JAN 2019
CAH	UROLOGY	UROLOGY(C)	HAYNES M D MR		08/11/2017	12/02/2018	1	DARO	PSA FEB 2019 & WRITE
CAH	UROLOGY	UROLOGY(C)	HAYNES M D MR		27/03/2017	12/02/2018	1	DARO	PSA AUG 2018 & WRITE
CAH	UROLOGY	UROLOGY(C)	HAYNES M D MR		20/01/2017	12/02/2018	1	DARO	USS 01/19 & WRITE
CAH	UROLOGY	UROLOGY(C)	HAYNES M D MR		18/02/2016	12/02/2018	1	DARO	CT FEB 2019 & WRITE
CAH	UROLOGY	UROLOGY(C)	HAYNES M D MR		12/12/2014	13/02/2018	1	DARO	PSA JAN 2019 & WRITE
CAH	UROLOGY	UROLOGY(C)	HAYNES M D MR		30/01/2017	14/02/2018	1	DARO	CT 02/19 & WRITE
CAH	UROLOGY	UROLOGY(C)	O'DONOGHUE J P MR		03/10/2017	14/02/2018	1	DARO	ULTRASOUND FEB 2019 REV AFTER
CAH	UROLOGY	UROLOGY(C)	HAYNES M D MR		07/07/2017	15/02/2018	1	DARO	CT 02/19 & WRITE
CAH	UROLOGY	UROLOGY(C)	HAYNES M D MR		17/01/2018	19/02/2018	1	DARO	USS JAN 2019 & WRITE
CAH	UROLOGY	UROLOGY(C)	O'DONOGHUE J P MR		18/08/2016	19/02/2018	1	DARO	US RENAL TRACT FEB 2019 MM
CAH	UROLOGY	UROLOGY(C)	GLACKIN A.J MR		20/02/2014	20/02/2018	1	DARO	MRI JAN 2019
CAH	UROLOGY	UROLOGY(C)	GLACKIN A.J MR		15/03/2011	21/02/2018	1	DARO	ct jan 2020
CAH	UROLOGY	UROLOGY(C)	YOUNG M MR		22/02/2018	22/02/2018	1	DARO	USS FEB 19 THEN STONE MDT
CAH	UROLOGY	UROLOGY(C)	HAYNES M D MR		24/01/2018	23/02/2018	1	DARO	USS 02/19 & WRITE
CAH	UROLOGY	UROLOGY(C)	HAYNES M D MR		08/02/2016	26/02/2018	1	DARO	CT FEB 2019 & WRITE
CAH	UROLOGY	UROLOGY(C)	HAYNES M D MR		23/07/2014	26/02/2018	1	DARO	PSA 08/18 & WRITE
CAH	UROLOGY	UROLOGY(C)	HAYNES M D MR		03/03/2017	26/02/2018	1	DARO	CT FEB 2019 & WRITE
CAH	UROLOGY	UROLOGY(C)	YOUNG M MR		26/02/2018	26/02/2018	1	DARO	USS & REVIEW STONE MDT PER MY
CAH	UROLOGY	UROLOGY(C)	GLACKIN A.J MR		25/11/2016	27/02/2018	1	DARO	USS CXR DHH FEB 19 PER AJG

				Personal Information redacted by USI					
CAH	UROLOGY	UROLOGY(C)	GLACKIN A.J MR	[redacted]	12/02/2015	27/02/2018	1	DARO	USS CHEST XRAY NOV 18 PER AJG
CAH	UROLOGY	UROLOGY(C)	GLACKIN A.J MR		04/03/2014	28/02/2018	1	DARO	CT FEB 19
CAH	UROLOGY	UROLOGY(C)	GLACKIN A.J MR		20/06/2016	28/02/2018	1	DARO	MRI FEB 2019
CAH	UROLOGY	UROLOGY(C)	GLACKIN A.J MR		15/03/2017	28/02/2018	1	DARO	uss feb 19
CAH	UROLOGY	UROLOGY(C)	GLACKIN A.J MR		28/02/2017	28/02/2018	1	DARO	USS FEB 2019
CAH	UROLOGY	UROLOGY(C)	GLACKIN A.J MR		15/01/2016	28/02/2018	1	DARO	CT FEB 2019
CAH	UROLOGY	UROLOGY(C)	YOUNG M MR		21/01/2018	28/02/2018	1	DARO	AWAIT SCAN RESULTS (DUE MAR 19
CAH	UROLOGY	UROLOGY(C)	HAYNES M D MR		02/02/2018	01/03/2018	1	DARO	CT FEB 2019 & WRITE
CAH	UROLOGY	UROLOGY(C)	GLACKIN A.J MR		09/12/2016	02/03/2018	1	DARO	CT FEB 2019
CAH	UROLOGY	UROLOGY(C)	GLACKIN A.J MR		15/01/2016	02/03/2018	1	DARO	uss and chest x-ray feb 2019
CAH	UROLOGY	UROLOGY(C)	HAYNES M D MR		29/07/2016	05/03/2018	1	DARO	CT 02/19 & WRITE
CAH	UROLOGY	UROLOGY(C)	O'DONOGHUE J P MR		05/03/2018	05/03/2018	1	DARO	USS & PVR MAR 19 PER JOD
CAH	UROLOGY	UROLOGY(C)	HAYNES M D MR		25/02/2016	07/03/2018	1	DARO	USS BACK 08 11 18
CAH	UROLOGY	UROLOGY(C)	HAYNES M D MR		04/06/2017	07/03/2018	1	DARO	CT FEB 2020 & WRITE
CAH	UROLOGY	UROLOGY(C)	YOUNG M MR		08/03/2018	08/03/2018	1	DARO	USS MARCH 2019 THEN STONE MDT
CAH	UROLOGY	UROLOGY(C)	YOUNG M MR		08/03/2018	08/03/2018	1	DARO	USS MARCH 2019 THEN STONE MDT
CAH	UROLOGY	UROLOGY(C)	GLACKIN A.J MR		29/06/2015	09/03/2018	1	DARO	USS FEB 2019
CAH	UROLOGY	UROLOGY(C)	HAYNES M D MR		13/01/2018	09/03/2018	1	DARO	USS MARCH 2019 & WRITE
CAH	UROLOGY	UROLOGY(C)	O'BRIEN A MR		09/03/2018	09/03/2018	1	DARO	USS TESTES
CAH	UROLOGY	UROLOGY(C)	GLACKIN A.J MR		15/08/2017	12/03/2018	1	DARO	CT MARCH 2019
CAH	UROLOGY	UROLOGY(C)	GLACKIN A.J MR		31/05/2017	12/03/2018	1	DARO	CT March 2019 U+E June 18Jan19
CAH	UROLOGY	UROLOGY(C)	GLACKIN A.J MR		28/04/2017	13/03/2018	1	DARO	CT(NOV 18)
CAH	UROLOGY	UROLOGY(C)	HAYNES M D MR		02/06/2017	13/03/2018	1	DARO	MRI DECEMBER 2018 & WRITE
CAH	UROLOGY	UROLOGY(C)	HAYNES M D MR		16/09/2016	13/03/2018	1	DARO	USS MARCH 2019 & WRITE

				Personal Information redacted by USI					
CAH	UROLOGY	UROLOGY(C)	GLACKIN A.J MR		12/11/2015	14/03/2018	1	DARO	PSA MARCH 2019
CAH	UROLOGY	UROLOGY(C)	GLACKIN A.J MR		16/02/2017	15/03/2018	1	DARO	x-ray March 2019
CAH	UROLOGY	UROLOGY(C)	GLACKIN A.J MR		01/02/2016	15/03/2018	1	DARO	CT MARCH 2019
CAH	UROLOGY	UROLOGY(C)	YOUNG M MR		09/10/2017	15/03/2018	1	DARO	AWAIT CT SCAN RESULTS
CAH	UROLOGY	UROLOGY(C)	JACOB T MR		25/03/2015	16/03/2018	1	DARO	CT KIDNEYS FEB 2020
CAH	UROLOGY	UROLOGY(C)	GLACKIN A.J MR		14/10/2015	21/03/2018	1	DARO	PSA MARCH 2019
CAH	UROLOGY	UROLOGY(C)	GLACKIN A.J MR		21/09/2016	21/03/2018	1	DARO	CT MARCH 2019
CAH	UROLOGY	UROLOGY(C)	GLACKIN A.J MR		11/08/2017	21/03/2018	1	DARO	USS REV MARCH 19
CAH	UROLOGY	UROLOGY(C)	HAYNES M D MR		25/02/2018	22/03/2018	1	DARO	CT MARCH 2019
CAH	UROLOGY	UROLOGY(C)	GLACKIN A.J MR		13/09/2015	23/03/2018	1	DARO	X-RAY MARCH 2019
CAH	UROLOGY	UROLOGY(C)	HAYNES M D MR		02/10/2014	26/03/2018	1	DARO	PLAIN FILM MARCH 2019 & WRITE
CAH	UROLOGY	UROLOGY(C)	HAYNES M D MR		04/02/2015	26/03/2018	1	DARO	USS 03/19 & WRITE
CAH	UROLOGY	UROLOGY(C)	HAYNES M D MR		18/03/2017	26/03/2018	1	DARO	USS 03/19 & WRITE
CAH	UROLOGY	UROLOGY(C)	HAYNES M D MR		02/07/2014	26/03/2018	1	DARO	PSA MARCH 2019 & WRITE
CAH	UROLOGY	UROLOGY(C)	HAYNES M D MR		06/03/2017	26/03/2018	1	DARO	CT 03/19 & WRITE
CAH	UROLOGY	UROLOGY(C)	HAYNES M D MR		26/02/2018	26/03/2018	1	DARO	MRI KIDNEYS/CT CHEST FEB 2019
CAH	UROLOGY	UROLOGY(C)	O'BRIEN A MR		26/03/2018	26/03/2018	1	DARO	USS - JUNE 2018 POST DISCHARGE
CAH	UROLOGY	UROLOGY(C)	GLACKIN A.J MR		18/12/2017	27/03/2018	1	DARO	SCAN SEPTEMBER 2018 PER AJG
CAH	UROLOGY	UROLOGY(C)	HAYNES M D MR		22/03/2017	27/03/2018	1	DARO	CT 03/19 & WRITE
CAH	UROLOGY	UROLOGY(C)	HAYNES M D MR		17/08/2017	27/03/2018	1	DARO	CT FEB 2019 & WRITE
CAH	UROLOGY	UROLOGY(C)	GLACKIN A.J MR		04/04/2017	28/03/2018	1	DARO	PLAIN X-RAY 03/19
CAH	UROLOGY	UROLOGY(C)	HAYNES M D MR		08/04/2016	28/03/2018	1	DARO	MRI RENAL FEB 2019 & WRITE
CAH	UROLOGY	UROLOGY(C)	GLACKIN A.J MR		10/08/2015	29/03/2018	1	DARO	CT MARCH 2019
CAH	UROLOGY	UROLOGY(C)	HAYNES M D MR		05/09/2015	29/03/2018	1	DARO	USS MARCH 2019 & WRITE

				Personal Information redacted by USI					
CAH	UROLOGY	UROLOGY(C)	HAYNES M D MR		27/03/2017	29/03/2018	1	DARO	USS MARCH 2019
CAH	UROLOGY	UROLOGY(C)	HAYNES M D MR		25/06/2017	29/03/2018	1	DARO	USS MARCH 2019 & WRITE
CAH	UROLOGY	UROLOGY(C)	HAYNES M D MR		30/03/2015	29/03/2018	1	DARO	CT MARCH 2019 & WRITE
CAH	UROLOGY	UROLOGY(C)	HAYNES M D MR		24/06/2017	04/04/2018	1	DARO	USS MARCH 2019 & WRITE
CAH	UROLOGY	UROLOGY(C)	HAYNES M D MR		27/10/2017	04/04/2018	1	DARO	PSA 09/18 & WRITE
CAH	UROLOGY	UROLOGY(C)	YOUNG M MR		26/07/2016	04/04/2018	1	DARO	AWAIT USS RESULT (DUE FEB 19)
CAH	UROLOGY	UROLOGY(C)	YOUNG M MR		02/06/2017	04/04/2018	1	DARO	AWAIT CT SCAN (DUE MARCH 2019)
CAH	UROLOGY	UROLOGY(C)	HAYNES M D MR		05/04/2017	05/04/2018	1	DARO	CT MARCH 2019 & WRITE
CAH	UROLOGY	UROLOGY(C)	HAYNES M D MR		17/01/2017	05/04/2018	1	DARO	CT MARCH 2019 & WRITE
CAH	UROLOGY	UROLOGY(C)	JACOB T MR		16/04/2017	09/04/2018	1	DARO	USS APRIL 2019
CAH	UROLOGY	UROLOGY(C)	YOUNG M MR		15/01/2018	09/04/2018	1	DARO	AWAIT USS (DUE FEB 2019)
CAH	UROLOGY	UROLOGY(C)	GLACKIN A.J MR		14/11/2013	10/04/2018	1	DARO	CT MARCH 2019
CAH	UROLOGY	UROLOGY(C)	GLACKIN A.J MR		07/07/2017	11/04/2018	1	DARO	CT FEB 19
CAH	UROLOGY	UROLOGY(C)	GLACKIN A.J MR		24/01/2017	11/04/2018	1	DARO	PSA SEPT 2018 & WRITE REM
CAH	UROLOGY	UROLOGY(C)	HAYNES M D MR		27/04/2017	11/04/2018	1	DARO	USS 04/19 & WRITE
CAH	UROLOGY	UROLOGY(C)	HAYNES M D MR		05/03/2018	12/04/2018	1	DARO	CT MARCH 2019 & WRITE
CAH	UROLOGY	UROLOGY(C)	YOUNG M MR		12/04/2018	12/04/2018	1	DARO	USS 1 YEAR TIME PER LAURA MDT
CAH	UROLOGY	UROLOGY(C)	YOUNG M MR		07/02/2018	12/04/2018	1	DARO	USS ONE YEAR PER STONE MDT
CAH	UROLOGY	UROLOGY(C)	HAYNES M D MR		18/07/2016	13/04/2018	1	DARO	PSA 10/18 & WRITE
CAH	UROLOGY	UROLOGY(C)	HAYNES M D MR		13/04/2018	16/04/2018	1	DARO	USS APRIL 2019 & WRITE
CAH	UROLOGY	UROLOGY(C)	GLACKIN A.J MR		06/04/2018	17/04/2018	1	DARO	CTU JAN 2020
CAH	UROLOGY	UROLOGY(C)	GLACKIN A.J MR		13/04/2018	17/04/2018	1	DARO	CT APRIL 2019 & WRITE
CAH	UROLOGY	UROLOGY(C)	O'DONOGHUE J P MR		22/09/2016	17/04/2018	1	DARO	US APR 19
CAH	UROLOGY	UROLOGY(C)	O'DONOGHUE J P MR		21/02/2017	17/04/2018	1	DARO	CT APRIL 2019

				Personal Information redacted by USI					
CAH	UROLOGY	UROLOGY(C)	GLACKIN A J MR	[redacted]	9/05/2014	18/04/2018	1	DARO	CT APRIL 2019
CAH	UROLOGY	UROLOGY(C)	YOUNG M MR	[redacted]	8/03/2018	19/04/2018	1	DARO	USS ONE YEAR PER MDT LETTER
CAH	UROLOGY	UROLOGY(C)	YOUNG M MR	[redacted]	9/04/2018	19/04/2018	1	DARO	USS 1 YEAR PER STONE MDT
CAH	UROLOGY	UROLOGY(C)	GLACKIN A J MR	[redacted]	2/04/2018	22/04/2018	1	DARO	CT APRIL 2019
CAH	UROLOGY	UROLOGY(C)	O'BRIEN A MR	[redacted]	2/04/2018	22/04/2018	1	DARO	MAG 3 - THEN REVIEW
CAH	UROLOGY	UROLOGY(C)	GLACKIN A J MR	[redacted]	6/06/2014	23/04/2018	1	DARO	CT APRIL 2019
CAH	UROLOGY	UROLOGY(C)	GLACKIN A J MR	[redacted]	9/09/2016	23/04/2018	1	DARO	MRI march 2019
CAH	UROLOGY	UROLOGY(C)	GLACKIN A J MR	[redacted]	2/07/2013	23/04/2018	1	DARO	CT APRIL 2020
CAH	UROLOGY	UROLOGY(C)	HAYNES M D MR	[redacted]	6/10/2016	23/04/2018	1	DARO	PSA OCT 2018 & WRITE
CAH	UROLOGY	UROLOGY(C)	HAYNES M D MR	[redacted]	9/11/2016	23/04/2018	1	DARO	PSA AUG 2018 & WRITE
CAH	UROLOGY	UROLOGY(C)	HAYNES M D MR	[redacted]	8/07/2015	23/04/2018	1	DARO	CT APRIL 2019 & WRITE
CAH	UROLOGY	UROLOGY(C)	HAYNES M D MR	[redacted]	9/12/2017	23/04/2018	1	DARO	PSA 10/18 & WRITE
CAH	UROLOGY	UROLOGY(C)	HAYNES M D MR	[redacted]	5/11/2016	24/04/2018	1	DARO	CT APRIL 2019 & WRITE
CAH	UROLOGY	UROLOGY(C)	HAYNES M D MR	[redacted]	8/05/2017	24/04/2018	1	DARO	CT APRIL 2019 & WRITE
CAH	UROLOGY	UROLOGY(C)	GLACKIN A J MR	[redacted]	6/03/2018	25/04/2018	1	DARO	plain xray april 19
CAH	UROLOGY	UROLOGY(C)	GLACKIN A J MR	[redacted]	7/10/2013	25/04/2018	1	DARO	CT APRIL 2019
CAH	UROLOGY	UROLOGY(C)	GLACKIN A J MR	[redacted]	0/05/2013	25/04/2018	1	DARO	USS APRIL 2019
CAH	UROLOGY	UROLOGY(C)	GLACKIN A J MR	[redacted]	2/02/2016	25/04/2018	1	DARO	PLAIN FILM X-RAY april 2019
CAH	UROLOGY	UROLOGY(C)	GLACKIN A J MR	[redacted]	4/05/2017	25/04/2018	1	DARO	CT APRIL 2019
CAH	UROLOGY	UROLOGY(C)	HAYNES M D MR	[redacted]	8/05/2015	26/04/2018	1	DARO	CT APRIL 2019 & WRITE
CAH	UROLOGY	UROLOGY(C)	HAYNES M D MR	[redacted]	3/04/2015	26/04/2018	1	DARO	CT MARCH 2019 & WRITE
CAH	UROLOGY	UROLOGY(C)	HAYNES M D MR	[redacted]	0/03/2018	26/04/2018	1	DARO	CT CAP APRIL 2019
CAH	UROLOGY	UROLOGY(C)	HAYNES M D MR	[redacted]	8/12/2017	26/04/2018	1	DARO	USS APRIL 2019 & WRITE
CAH	UROLOGY	UROLOGY(C)	O'DONOGHUE J P MR	[redacted]	5/02/2018	26/04/2018	1	DARO	OCT 18 XRAY

				Personal Information redacted by USI					
CAH	UROLOGY	UROLOGY(C)	YOUNG M MR		26/04/2018	26/04/2018	1	DARO	USS ULSTER HOSP & STONE MDT
CAH	UROLOGY	UROLOGY(C)	GLACKIN A.J MR		12/05/2016	27/04/2018	1	DARO	uss april 2019
CAH	UROLOGY	UROLOGY(C)	HAYNES M D MR		22/02/2018	27/04/2018	1	DARO	CT CAP FEB 2019
CAH	UROLOGY	UROLOGY(C)	HAYNES M D MR		16/03/2018	27/04/2018	1	DARO	MRI OCT 2018 & WRITE
CAH	UROLOGY	UROLOGY(C)	GLACKIN A.J MR		30/09/2011	30/04/2018	1	DARO	CT APRIL 2019
CAH	UROLOGY	UROLOGY(C)	GLACKIN A.J MR		04/12/2017	30/04/2018	1	DARO	PLAIN X-RAY APR 2019
CAH	UROLOGY	UROLOGY(C)	HAYNES M D MR		07/12/2016	30/04/2018	1	DARO	MRI APRIL 2019 & WRITE
CAH	UROLOGY	UROLOGY(C)	GLACKIN A.J MR		28/08/2012	01/05/2018	1	DARO	PSA OCT 18 REV MAY 19 rem
CAH	UROLOGY	UROLOGY(C)	GLACKIN A.J MR		01/05/2018	01/05/2018	1	DARO	uss jan 19
CAH	UROLOGY	UROLOGY(C)	HAYNES M D MR		05/06/2017	01/05/2018	1	DARO	CT APRIL 2019 & WRITE
CAH	UROLOGY	UROLOGY(C)	HAYNES M D MR		01/08/2016	01/05/2018	1	DARO	PSA OCT 2018 & WRITE
CAH	UROLOGY	UROLOGY(C)	HAYNES M D MR		28/03/2018	01/05/2018	1	DARO	MAG 3 RENOGRAM & WRITE
CAH	UROLOGY	UROLOGY(C)	HAYNES M D MR		30/03/2015	01/05/2018	1	DARO	CT APRIL 2019 & WRITE
CAH	UROLOGY	UROLOGY(C)	HAYNES M D MR		14/03/2018	01/05/2018	1	DARO	CT MARCH 2019 & WRITE
CAH	UROLOGY	UROLOGY(C)	JACOB T MR		01/05/2018	01/05/2018	1	DARO	SEMEN ANALYSIS OCT/DEC 2018
CAH	UROLOGY	UROLOGY(C)	GLACKIN A.J MR		03/04/2016	02/05/2018	1	DARO	XRAY MAY 2019 & WRITE
CAH	UROLOGY	UROLOGY(C)	GLACKIN A.J MR		11/09/2012	02/05/2018	1	DARO	PLAIN FILM MAY 2019 & WRITE
CAH	UROLOGY	UROLOGY(C)	GLACKIN A.J MR		13/10/2016	02/05/2018	1	DARO	U&E 11/18,USS FEB 19,REV 05/19
CAH	UROLOGY	UROLOGY(C)	GLACKIN A.J MR		02/04/2018	02/05/2018	1	DARO	USS MAY 2019 PER AJG
CAH	UROLOGY	UROLOGY(C)	HAYNES M D MR		07/03/2017	02/05/2018	1	DARO	PSA OCT 2018 & WRITE
CAH	UROLOGY	UROLOGY(C)	HAYNES M D MR		03/10/2016	02/05/2018	1	DARO	PSA APRIL 2019 & WRITE
CAH	UROLOGY	UROLOGY(C)	HAYNES M D MR		28/12/2017	02/05/2018	1	DARO	PSA APRIL 2019 & WRITE
CAH	UROLOGY	UROLOGY(C)	HAYNES M D MR		21/12/2016	02/05/2018	1	DARO	USS MAY 2020 & WRITE
CAH	UROLOGY	UROLOGY(C)	GLACKIN A.J MR		03/03/2014	03/05/2018	1	DARO	USS APRIL 2019

				Personal Information redacted by USI					
CAH	UROLOGY	UROLOGY(C)	GLACKIN A.J MR		04/12/2017	03/05/2018	1	DARO	USS MAY 2019
CAH	UROLOGY	UROLOGY(C)	GLACKIN A.J MR		09/10/2014	03/05/2018	1	DARO	CT APRIL 2019
CAH	UROLOGY	UROLOGY(C)	HAYNES M D MR		12/02/2015	03/05/2018	1	DARO	PSA OCT 2018 & WRITE
CAH	UROLOGY	UROLOGY(C)	HAYNES M D MR		07/09/2015	03/05/2018	1	DARO	PSA OCT 2018 & WRITE
CAH	UROLOGY	UROLOGY(C)	HAYNES M D MR		22/08/2016	03/05/2018	1	DARO	CT CAP NOV 2018 & WRITE
CAH	UROLOGY	UROLOGY(C)	HAYNES M D MR		12/04/2018	03/05/2018	1	DARO	CT APRIL 2019 & WRITE
CAH	UROLOGY	UROLOGY(C)	YOUNG M MR		03/05/2018	03/05/2018	1	DARO	AWAIT USS IN 1 YEAR
CAH	UROLOGY	UROLOGY(C)	YOUNG M MR		16/04/2018	03/05/2018	1	DARO	FOR REPEAT IMAGING (MAY2019)
CAH	UROLOGY	UROLOGY(C)	HAYNES M D MR		30/06/2016	04/05/2018	1	DARO	CT NOV 2018 & WRITE
CAH	UROLOGY	UROLOGY(C)	YOUNG M MR		07/03/2017	04/05/2018	1	DARO	USS APRIL 2020 & WRITE
CAH	UROLOGY	UROLOGY(C)	GLACKIN A.J MR		27/06/2014	08/05/2018	1	DARO	PSA
CAH	UROLOGY	UROLOGY(C)	GLACKIN A.J MR		23/06/2017	08/05/2018	1	DARO	CHEST XRAY ANDUSS MAY 2019
CAH	UROLOGY	UROLOGY(C)	GLACKIN A.J MR		10/10/2014	08/05/2018	1	DARO	BLOODS 11/18 REV MAY 19
CAH	UROLOGY	UROLOGY(C)	GLACKIN A.J MR		06/03/2014	08/05/2018	1	DARO	ct may 2019
CAH	UROLOGY	UROLOGY(C)	GLACKIN A.J MR		07/09/2011	08/05/2018	1	DARO	PSA NOV 2018
CAH	UROLOGY	UROLOGY(C)	HAYNES M D MR		16/08/2016	08/05/2018	1	DARO	USS MAY 2020 & WRITE
CAH	UROLOGY	UROLOGY(C)	HAYNES M D MR		05/12/2017	09/05/2018	1	DARO	USS TESTES NOV 2018
CAH	UROLOGY	UROLOGY(C)	HAYNES M D MR		08/05/2018	09/05/2018	1	DARO	USS MAY 2019 & WRITE
CAH	UROLOGY	UROLOGY(C)	HAYNES M D MR		20/05/2016	09/05/2018	1	DARO	CT MAY 2019 & WRITE
CAH	UROLOGY	UROLOGY(C)	GLACKIN A.J MR		20/06/2016	10/05/2018	1	DARO	PSA NOV 18 REV NOV 18
CAH	UROLOGY	UROLOGY(C)	GLACKIN A.J MR		04/09/2009	11/05/2018	1	DARO	PSA MAY 2019 & WRITE
CAH	UROLOGY	UROLOGY(C)	HAYNES M D MR		10/06/2016	11/05/2018	1	DARO	CT MAY 2019 & WRITE
CAH	UROLOGY	UROLOGY(C)	YOUNG M MR		20/02/2015	11/05/2018	1	DARO	AWAIT MRI SCAN RESULTS
CAH	UROLOGY	UROLOGY(C)	YOUNG M MR		22/03/2018	11/05/2018	1	DARO	AWAIT CT SCAN RESULTS

				Personal Information redacted by USI					
CAH	UROLOGY	UROLOGY(C)	GLACKIN A.J MR		30/01/2018	14/05/2018	1	DARO	CT NOV 18
CAH	UROLOGY	UROLOGY(C)	HAYNES M D MR		02/12/2016	14/05/2018	1	DARO	CT MAY 2019 & WRITE
CAH	UROLOGY	UROLOGY(C)	YOUNG M MR		14/05/2018	14/05/2018	1	DARO	USS DOWNE HOSPITAL SPRING 2020
CAH	UROLOGY	UROLOGY(C)	GLACKIN A.J MR		16/01/2015	15/05/2018	1	DARO	USS MAY 2020 & WRITE
CAH	UROLOGY	UROLOGY(C)	GLACKIN A.J MR		29/07/2016	15/05/2018	1	DARO	CT JAN 19 REV AFTER
CAH	UROLOGY	UROLOGY(C)	O'DONOGHUE J P MR		16/05/2018	16/05/2018	1	DARO	US URINARY TRACT MAY 2019
CAH	UROLOGY	UROLOGY(C)	O'DONOGHUE J P MR		25/04/2018	16/05/2018	1	DARO	CT UROGRAM NOV 2018
CAH	UROLOGY	UROLOGY(C)	JACOB T MR		14/03/2018	17/05/2018	1	DARO	CTU/REV NOV 2018
CAH	UROLOGY	UROLOGY(C)	O'BRIEN A MR		11/05/2018	17/05/2018	1	DARO	CT UROGRAM DHH PER AOB
CAH	UROLOGY	UROLOGY(C)	O'DONOGHUE J P MR		21/09/2017	17/05/2018	1	DARO	MAG3 NOV 2018
CAH	UROLOGY	UROLOGY(C)	GLACKIN A.J MR		09/04/2009	18/05/2018	1	DARO	PSA NOV 18
CAH	UROLOGY	UROLOGY(C)	GLACKIN A.J MR		28/04/2014	22/05/2018	1	DARO	REPEAT USS MAY 2019
CAH	UROLOGY	UROLOGY(C)	GLACKIN A.J MR		20/08/2015	22/05/2018	1	DARO	CHEST X-RAY MAY 19 REV MAY 19
CAH	UROLOGY	UROLOGY(C)	GLACKIN A.J MR		27/04/2018	22/05/2018	1	DARO	CT aug 18
CAH	UROLOGY	UROLOGY(C)	GLACKIN A.J MR		22/09/2016	24/05/2018	1	DARO	PSA NOV 2018
CAH	UROLOGY	UROLOGY(C)	GLACKIN A.J MR		26/09/2016	29/05/2018	1	DARO	XRAY LVH MAY 19 WRITE
CAH	UROLOGY	UROLOGY(C)	HAYNES M D MR		28/12/2016	29/05/2018	1	DARO	USS FEB 2019 & WRITE
CAH	UROLOGY	UROLOGY(C)	HAYNES M D MR		22/11/2015	29/05/2018	1	DARO	CT MAY 2019 & WRITE
CAH	UROLOGY	UROLOGY(C)	HAYNES M D MR		03/03/2015	29/05/2018	1	DARO	CT RENAL MAY 2019 & WRITE
CAH	UROLOGY	UROLOGY(C)	HAYNES M D MR		30/11/2017	29/05/2018	1	DARO	CT MAY 2019 & WRITE
CAH	UROLOGY	UROLOGY(C)	HAYNES M D MR		17/11/2016	29/05/2018	1	DARO	CT MAY 2019 & WRITE
CAH	UROLOGY	UROLOGY(C)	O'BRIEN A MR		27/04/2018	29/05/2018	1	DARO	CT URINARY TRACT - REG
CAH	UROLOGY	UROLOGY(C)	GLACKIN A.J MR		15/05/2018	30/05/2018	1	DARO	TRUS BIOPSY AND BONE SCAN
CAH	UROLOGY	UROLOGY(C)	HAYNES M D MR		04/07/2014	30/05/2018	1	DARO	CT MAY 2019 & WRITE

				Personal Information redacted by USI					
CAH	UROLOGY	UROLOGY(C)	HAYNES M D MR		23/12/2015	30/05/2018	1	DARO	CT MAY 2019 & WRITE
CAH	UROLOGY	UROLOGY(C)	HAYNES M D MR		17/04/2018	30/05/2018	1	DARO	PSA NOV 2018 & WRITE
CAH	UROLOGY	UROLOGY(C)	HAYNES M D MR		17/01/2018	30/05/2018	1	DARO	MRI MAY 2020 & WRITE
CAH	UROLOGY	UROLOGY(C)	HAYNES M D MR		29/02/2016	31/05/2018	1	DARO	CT MAY 19 & WRITE
CAH	UROLOGY	UROLOGY(C)	HAYNES M D MR		09/10/2014	31/05/2018	1	DARO	CT MAY 2019 & WRITE
CAH	UROLOGY	UROLOGY(C)	HAYNES M D MR		16/01/2017	31/05/2018	1	DARO	USS MAY 2019 & WRITE
CAH	UROLOGY	UROLOGY(C)	HAYNES M D MR		02/12/2014	31/05/2018	1	DARO	CT MAY 2019 & WRITE
CAH	UROLOGY	UROLOGY(C)	HAYNES M D MR		08/05/2015	31/05/2018	1	DARO	CT MAY 2019 & WRITE
CAH	UROLOGY	UROLOGY(C)	HAYNES M D MR		30/05/2017	31/05/2018	1	DARO	CT MAY 2019 & WRITE
CAH	UROLOGY	UROLOGY(C)	HAYNES M D MR		30/11/2017	31/05/2018	1	DARO	USS MAY 2019 & WRITE
CAH	UROLOGY	UROLOGY(C)	HAYNES M D MR		09/06/2015	31/05/2018	1	DARO	CT MAY 2019 & WRITE
CAH	UROLOGY	UROLOGY(C)	JACOB T MR		08/06/2016	31/05/2018	1	DARO	MAG3 & CT KIDNEYS NOV 2018
CAH	UROLOGY	UROLOGY(C)	O'DONOGHUE J P MR		23/05/2018	04/06/2018	1	DARO	CT DEC 18 THEN REV AT CLINIC
CAH	UROLOGY	UROLOGY(C)	GLACKIN A.J MR		28/10/2016	05/06/2018	1	DARO	CT JUNE 2019 PER AJG
CAH	UROLOGY	UROLOGY(C)	GLACKIN A.J MR		07/03/2018	06/06/2018	1	DARO	PSA DEC 2018
CAH	UROLOGY	UROLOGY(C)	HAYNES M D MR		18/10/2016	07/06/2018	1	DARO	PSA SEPT 2018 & WRITE
CAH	UROLOGY	UROLOGY(C)	GLACKIN A.J MR		07/06/2017	08/06/2018	1	DARO	USS TESTES APRIL 2019
CAH	UROLOGY	UROLOGY(C)	GLACKIN A.J MR		02/11/2015	08/06/2018	1	DARO	xray june 2019
CAH	UROLOGY	UROLOGY(C)	HAYNES M D MR		19/01/2017	08/06/2018	1	DARO	USS JUNE 2019 & WRITE
CAH	UROLOGY	UROLOGY(C)	HAYNES M D MR		26/05/2017	08/06/2018	1	DARO	PSA NOV 2018 & WRITE
CAH	UROLOGY	UROLOGY(C)	HAYNES M D MR		18/02/2016	08/06/2018	1	DARO	CT MAY 2019 & WRITE
CAH	UROLOGY	UROLOGY(C)	HAYNES M D MR		28/12/2016	08/06/2018	1	DARO	CT JUNE 2019 & WRITE
CAH	UROLOGY	UROLOGY(C)	HAYNES M D MR		05/01/2015	08/06/2018	1	DARO	PSA NOV 2018 & WRITE
CAH	UROLOGY	UROLOGY(C)	HAYNES M D MR		14/11/2017	08/06/2018	1	DARO	CT MAY 2019 & WRITE

				Personal Information redacted by USI					
CAH	UROLOGY	UROLOGY(C)	HAYNES M D MR	[redacted]	27/01/2015	08/06/2018	1	DARO	USS MAY 2019 & WRITE
CAH	UROLOGY	UROLOGY(C)	HAYNES M D MR	[redacted]	20/01/2016	08/06/2018	1	DARO	CT MAY 2019 & WRITE
CAH	UROLOGY	UROLOGY(C)	HAYNES M D MR	[redacted]	27/06/2016	08/06/2018	1	DARO	PSA NOV 2018 & WRITE
CAH	UROLOGY	UROLOGY(C)	HAYNES M D MR	[redacted]	19/01/2017	08/06/2018	1	DARO	RENOGRAM MAY 2020 & WRITE
CAH	UROLOGY	UROLOGY(C)	HAYNES M D MR	[redacted]	10/11/2016	08/06/2018	1	DARO	CT MAY 2019 & WRITE
CAH	UROLOGY	UROLOGY(C)	O'DONOGHUE J P MR	[redacted]	08/06/2018	08/06/2018	1	DARO	ULTRASOUND TESTES ANNA
CAH	UROLOGY	UROLOGY(C)	O'DONOGHUE J P MR	[redacted]	02/04/2015	09/06/2018	1	DARO	US
CAH	UROLOGY	UROLOGY(C)	GLACKIN A.J MR	[redacted]	27/02/2018	11/06/2018	1	DARO	PSA DEC 2018
CAH	UROLOGY	UROLOGY(C)	GLACKIN A.J MR	[redacted]	30/08/2016	11/06/2018	1	DARO	PSA NOV 2018
CAH	UROLOGY	UROLOGY(C)	GLACKIN A.J MR	[redacted]	22/12/2009	11/06/2018	1	DARO	CT JUNE 2019
CAH	UROLOGY	UROLOGY(C)	GLACKIN A.J MR	[redacted]	15/12/2013	11/06/2018	1	DARO	USS JUNE 2019
CAH	UROLOGY	UROLOGY(C)	GLACKIN A.J MR	[redacted]	12/08/2016	11/06/2018	1	DARO	ct june 2019
CAH	UROLOGY	UROLOGY(C)	GLACKIN A.J MR	[redacted]	15/10/2015	11/06/2018	1	DARO	USS AND CHEST X-RAY JUNE 2019
CAH	UROLOGY	UROLOGY(C)	HAYNES M D MR	[redacted]	03/04/2018	11/06/2018	1	DARO	USS MAY 2019 & WRITE
CAH	UROLOGY	UROLOGY(C)	O'DONOGHUE J P MR	[redacted]	15/06/2017	11/06/2018	1	DARO	CT RENAL JUNE 2019
CAH	UROLOGY	UROLOGY(C)	O'DONOGHUE J P MR	[redacted]	11/06/2018	11/06/2018	1	DARO	24 HR PAD WEIGHT DEREK
CAH	UROLOGY	UROLOGY(C)	HAYNES M D MR	[redacted]	24/01/2017	12/06/2018	1	DARO	PSA SEPT 18 & WRITE
CAH	UROLOGY	UROLOGY(C)	HAYNES M D MR	[redacted]	12/04/2017	12/06/2018	1	DARO	PSA 11/18 & WRITE
CAH	UROLOGY	UROLOGY(C)	HAYNES M D MR	[redacted]	30/06/2016	12/06/2018	1	DARO	CT JUNE 2019 & WRITE
CAH	UROLOGY	UROLOGY(C)	GLACKIN A.J MR	[redacted]	01/09/2017	13/06/2018	1	DARO	CT JAN 2019
CAH	UROLOGY	UROLOGY(C)	GLACKIN A.J MR	[redacted]	09/05/2018	13/06/2018	1	DARO	PSA NOV 2018
CAH	UROLOGY	UROLOGY(C)	HAYNES M D MR	[redacted]	17/06/2016	13/06/2018	1	DARO	CT NOV 2018
CAH	UROLOGY	UROLOGY(C)	HAYNES M D MR	[redacted]	29/12/2016	13/06/2018	1	DARO	PSA SEPT 18 & WRITE
CAH	UROLOGY	UROLOGY(C)	HAYNES M D MR	[redacted]	01/02/2018	13/06/2018	1	DARO	PSA DEC 18 & WRITE

				Personal Information redacted by USI					
CAH	UROLOGY	UROLOGY(C)	HAYNES M D MR		13/06/2018	13/06/2018	1	DARO	CT JUNE 2019
CAH	UROLOGY	UROLOGY(C)	GLACKIN A.J MR		18/02/2015	14/06/2018	1	DARO	PSA SEPT 2018 reminder
CAH	UROLOGY	UROLOGY(C)	GLACKIN A.J MR		03/04/2018	14/06/2018	1	DARO	CT AWAIT GEN SUR LAPAROSCOPY
CAH	UROLOGY	UROLOGY(C)	HAYNES M D MR		22/11/2016	14/06/2018	1	DARO	PSA DEC 18 & WRITE
CAH	UROLOGY	UROLOGY(C)	HAYNES M D MR		29/12/2016	14/06/2018	1	DARO	CT DEC 18 & WRITE
CAH	UROLOGY	UROLOGY(C)	HAYNES M D MR		30/04/2015	14/06/2018	1	DARO	CT JUNE 2019 & WRITE
CAH	UROLOGY	UROLOGY(C)	HAYNES M D MR		01/12/2016	14/06/2018	1	DARO	CT DEC 18 & WRITE
CAH	UROLOGY	UROLOGY(C)	HAYNES M D MR		07/07/2017	14/06/2018	1	DARO	PSA DEC 2018 & WRITE
CAH	UROLOGY	UROLOGY(C)	YOUNG M MR		07/06/2018	14/06/2018	1	DARO	REV IMAGING JUNE 19 STONE MDT
CAH	UROLOGY	UROLOGY(C)	YOUNG M MR		14/06/2018	14/06/2018	1	DARO	CT & STONE MDT PER JOD
CAH	UROLOGY	UROLOGY(C)	YOUNG M MR		13/06/2018	14/06/2018	1	DARO	REDISCUSS AT MDT JUNE 2019
CAH	UROLOGY	UROLOGY(C)	GLACKIN A.J MR		02/10/2015	15/06/2018	1	DARO	CHEST X-RAY AND USS SEPT 19
CAH	UROLOGY	UROLOGY(C)	HAYNES M D MR		09/11/2015	15/06/2018	1	DARO	CT DEC 18 & WRITE
CAH	UROLOGY	UROLOGY(C)	HAYNES M D MR		05/12/2014	15/06/2018	1	DARO	PSA DEC 18 & WRITE
CAH	UROLOGY	UROLOGY(C)	HAYNES M D MR		22/06/2017	15/06/2018	1	DARO	CT JUNE 2019 & WRITE
CAH	UROLOGY	UROLOGY(C)	HAYNES M D MR		23/12/2016	15/06/2018	1	DARO	PSA DEC 18 & WRITE
CAH	UROLOGY	UROLOGY(C)	JACOB T MR		07/12/2017	15/06/2018	1	DARO	PSA DEC 18 & WRITE
CAH	UROLOGY	UROLOGY(C)	GLACKIN A.J MR		14/06/2017	18/06/2018	1	DARO	PSA DEC 2018 REV JUNE 19
CAH	UROLOGY	UROLOGY(C)	O'DONOGHUE J P MR		22/02/2016	18/06/2018	1	DARO	CT RENAL MAR 2020 THEN REV SH
CAH	UROLOGY	UROLOGY(C)	GLACKIN A.J MR		02/12/2017	20/06/2018	1	DARO	PSA DEC 2018
CAH	UROLOGY	UROLOGY(C)	GLACKIN A.J MR		13/05/2017	20/06/2018	1	DARO	PSA DEC 2018
CAH	UROLOGY	UROLOGY(C)	GLACKIN A.J MR		04/06/2015	20/06/2018	1	DARO	CT MAY 2019
CAH	UROLOGY	UROLOGY(C)	GLACKIN A.J MR		13/12/2016	20/06/2018	1	DARO	CT JUNE 2019
CAH	UROLOGY	UROLOGY(C)	GLACKIN A.J MR		28/12/2017	20/06/2018	1	DARO	PSA DEC 2018

				Personal Information redacted by USI					
CAH	UROLOGY	UROLOGY(C)	HAYNES M D MR		30/11/2016	20/06/2018	1	DARO	CT JUNE 2019 & WRITE
CAH	UROLOGY	UROLOGY(C)	HAYNES M D MR		03/09/2014	20/06/2018	1	DARO	USS 06/19 & WRITE
CAH	UROLOGY	UROLOGY(C)	HAYNES M D MR		18/06/2015	20/06/2018	1	DARO	USS JUNE 2019 & WRITE
CAH	UROLOGY	UROLOGY(C)	HAYNES M D MR		22/06/2017	20/06/2018	1	DARO	CT 12/18 & WRITE
CAH	UROLOGY	UROLOGY(C)	HAYNES M D MR		2/08/2015	20/06/2018	1	DARO	CT JUNE 2019 & WRITE
CAH	UROLOGY	UROLOGY(C)	HAYNES M D MR		20/05/2015	20/06/2018	1	DARO	USS JUNE 2020 & WRITE
CAH	UROLOGY	UROLOGY(C)	HAYNES M D MR		02/02/2017	20/06/2018	1	DARO	CT JUNE 19 & WRITE
CAH	UROLOGY	UROLOGY(C)	GLACKIN A.J MR		31/08/2016	21/06/2018	1	DARO	USS JUNE 2019 AND WRITE
CAH	UROLOGY	UROLOGY(C)	GLACKIN A.J MR		24/07/2017	21/06/2018	1	DARO	PSA DEC 2018
CAH	UROLOGY	UROLOGY(C)	GLACKIN A.J MR		29/03/2017	21/06/2018	1	DARO	PSA JUNE 2019
CAH	UROLOGY	UROLOGY(C)	HAYNES M D MR		7/06/2015	21/06/2018	1	DARO	USS JUNE 2019 & WRITE
CAH	UROLOGY	UROLOGY(C)	HAYNES M D MR		21/12/2012	21/06/2018	1	DARO	PSA DEC 18 & WRITE
CAH	UROLOGY	UROLOGY(C)	YOUNG M MR		24/05/2018	21/06/2018	1	DARO	USS REQUESTED FOR 1YR PR MDT
CAH	UROLOGY	UROLOGY(C)	GLACKIN A.J MR		08/09/2015	22/06/2018	1	DARO	RENAL CT MAY 2019
CAH	UROLOGY	UROLOGY(C)	HAYNES M D MR		03/02/2017	22/06/2018	1	DARO	CT JUNE 2019 & WRITE
CAH	UROLOGY	UROLOGY(C)	HAYNES M D MR		29/05/2018	22/06/2018	1	DARO	DMSA THEN REV MDH
CAH	UROLOGY	UROLOGY(C)	GLACKIN A.J MR		03/05/2018	25/06/2018	1	DARO	plain film and PSA DEC 2018
CAH	UROLOGY	UROLOGY(C)	GLACKIN A.J MR		26/02/2018	25/06/2018	1	DARO	ct dec 2018
CAH	UROLOGY	UROLOGY(C)	HAYNES M D MR		07/08/2017	25/06/2018	1	DARO	PSA JUNE 2019 & WRITE
CAH	UROLOGY	UROLOGY(C)	O'DONOGHUE J P MR		23/08/2017	25/06/2018	1	DARO	PSA DEC 18 SABA
CAH	UROLOGY	UROLOGY(C)	GLACKIN A.J MR		27/03/2018	26/06/2018	1	DARO	RECONSTRUCTIVE FORUM
CAH	UROLOGY	UROLOGY(C)	GLACKIN A.J MR		21/12/2017	26/06/2018	1	DARO	PSA NOV 18 & REV JUNE 2019
CAH	UROLOGY	UROLOGY(C)	O'BRIEN A MR		26/06/2018	26/06/2018	1	DARO	JASON TO DISCUSS RE TROC
CAH	UROLOGY	UROLOGY(C)	GLACKIN A.J MR		18/05/2018	27/06/2018	1	DARO	CT CHEST MAY 2019 PER AJG

				Personal Information redacted by USI					
CAH	UROLOGY	UROLOGY(C)	GLACKIN A.J MR		16/01/2018	27/06/2018	1	DARO	PSA DEC 2018
CAH	UROLOGY	UROLOGY(C)	HAYNES M D MR		24/02/2016	27/06/2018	1	DARO	USS JUNE 2020 & WRITE
CAH	UROLOGY	UROLOGY(C)	JACOB T MR		07/05/2018	28/06/2018	1	DARO	USS TESTES JUNE 2019
CAH	UROLOGY	UROLOGY(C)	JACOB T MR		21/12/2017	28/06/2018	1	DARO	USS TESTES & REV SEPT 2018
CAH	UROLOGY	UROLOGY(C)	O'BRIEN A MR		28/06/2018	28/06/2018	1	DARO	CT PER ANNA RESULTS LETTER
CAH	UROLOGY	UROLOGY(C)	GLACKIN A.J MR		02/07/2018	02/07/2018	1	DARO	AW OUTCOME RECON FORUM JOD
CAH	UROLOGY	UROLOGY(C)	JACOB T MR		02/07/2018	02/07/2018	1	DARO	MAG-3 RENOGRAM APRIL 2019
CAH	UROLOGY	UROLOGY(C)	GLACKIN A.J MR		17/06/2018	03/07/2018	1	DARO	CT ABD/PEL DEC18 DC MDT & REV
CAH	UROLOGY	UROLOGY(C)	GLACKIN A.J MR		18/05/2018	04/07/2018	1	DARO	PSA JAN 2019 AND WRITE
CAH	UROLOGY	UROLOGY(C)	HAYNES M D MR		28/07/2016	04/07/2018	1	DARO	USS JULY 2019 & WRITE
CAH	UROLOGY	UROLOGY(C)	HAYNES M D MR		17/02/2015	04/07/2018	1	DARO	CT KIDNEYS JUNE 19 & WRITE
CAH	UROLOGY	UROLOGY(C)	HAYNES M D MR		22/12/2017	04/07/2018	1	DARO	CT DEC 2018 & WRITE
CAH	UROLOGY	UROLOGY(C)	HAYNES M D MR		20/03/2018	05/07/2018	1	DARO	PSA SEPT 2018 & WRITE
CAH	UROLOGY	UROLOGY(C)	HAYNES M D MR		28/06/2018	05/07/2018	1	DARO	USS JUNE 2019 & WRITE
CAH	UROLOGY	UROLOGY(C)	HAYNES M D MR		09/12/2016	05/07/2018	1	DARO	MRI JUNE 2019 & WRITE
CAH	UROLOGY	UROLOGY(C)	HAYNES M D MR		07/02/2018	05/07/2018	1	DARO	PSA JAN 2019 & WRITE
CAH	UROLOGY	UROLOGY(C)	GLACKIN A.J MR		06/07/2018	06/07/2018	1	DARO	MAG 3 RENOGRAM OCT 2018 REV
CAH	UROLOGY	UROLOGY(C)	YOUNG M MR		08/07/2018	08/07/2018	1	DARO	AWAIT HISTOLOGY & REV AUG 18
CAH	UROLOGY	UROLOGY(C)	HAYNES M D MR		01/12/2017	09/07/2018	1	DARO	PSA NOV 2018 & WRITE
CAH	UROLOGY	UROLOGY(C)	HAYNES M D MR		13/03/2018	09/07/2018	1	DARO	PSA OCT 2018 & WRITE
CAH	UROLOGY	UROLOGY(C)	HAYNES M D MR		09/01/2017	09/07/2018	1	DARO	USS JULY 19 & WRITE
CAH	UROLOGY	UROLOGY(C)	HAYNES M D MR		06/09/2016	09/07/2018	1	DARO	PSA JULY 2019 & WRITE
CAH	UROLOGY	UROLOGY(C)	HAYNES M D MR		01/06/2017	09/07/2018	1	DARO	USS 07/19 & WRITE
CAH	UROLOGY	UROLOGY(C)	HAYNES M D MR		31/08/2017	09/07/2018	1	DARO	PSA JAN 2019 & WRITE

				Personal Information redacted by USI					
CAH	UROLOGY	UROLOGY(C)	HAYNES M D MR		14/11/2017	09/07/2018	1	DARO	PSA JULY 19 & WRITE
CAH	UROLOGY	UROLOGY(C)	HAYNES M D MR		07/05/2014	09/07/2018	1	DARO	PSA DEC 18 & WRITE
CAH	UROLOGY	UROLOGY(C)	GLACKIN A.J MR		06/06/2018	10/07/2018	1	DARO	PSA DEC 2018
CAH	UROLOGY	UROLOGY(C)	GLACKIN A.J MR		28/09/2012	10/07/2018	1	DARO	XRAY JULY 2019 PER AJG
CAH	UROLOGY	UROLOGY(C)	HAYNES M D MR		09/03/2017	10/07/2018	1	DARO	PSA NOV 18 & WRITE
CAH	UROLOGY	UROLOGY(C)	HAYNES M D MR		16/12/2016	10/07/2018	1	DARO	PSA NOV 18 & WRITE
CAH	UROLOGY	UROLOGY(C)	HAYNES M D MR		17/01/2018	10/07/2018	1	DARO	PSA DEC 18 & WRITE
CAH	UROLOGY	UROLOGY(C)	HAYNES M D MR		12/12/2016	10/07/2018	1	DARO	PSA JUNE 19 & WRITE
CAH	UROLOGY	UROLOGY(C)	HAYNES M D MR		11/09/2017	10/07/2018	1	DARO	PSA JAN 19 & WRITE
CAH	UROLOGY	UROLOGY(C)	HAYNES M D MR		23/03/2016	10/07/2018	1	DARO	PSA DEC 18 & WRITE
CAH	UROLOGY	UROLOGY(C)	HAYNES M D MR		06/06/2018	10/07/2018	1	DARO	MRI MARCH 2019 & WRITE
CAH	UROLOGY	UROLOGY(C)	HAYNES M D MR		27/07/2016	10/07/2018	1	DARO	RENOGRAM JULY 2020 & WRITE
CAH	UROLOGY	UROLOGY(C)	HAYNES M D MR		24/01/2017	11/07/2018	1	DARO	PSA DEC 18 & WRITE
CAH	UROLOGY	UROLOGY(C)	HAYNES M D MR		24/02/2016	11/07/2018	1	DARO	PSA DEC 18 & WRITE
CAH	UROLOGY	UROLOGY(C)	GLACKIN A.J MR		13/07/2018	13/07/2018	1	DARO	USS JAN 2019 WL
CAH	UROLOGY	UROLOGY(C)	GLACKIN A.J MR		06/12/2017	13/07/2018	1	DARO	KIDNEY SCAN 12M JULY 2019
CAH	UROLOGY	UROLOGY(C)	GLACKIN A.J MR		18/11/2017	13/07/2018	1	DARO	PSA JAN 2019
CAH	UROLOGY	UROLOGY(C)	HAYNES M D MR		03/04/2015	16/07/2018	1	DARO	psa jan 2019 & write
CAH	UROLOGY	UROLOGY(C)	HAYNES M D MR		23/01/2016	16/07/2018	1	DARO	PSA DEC 18 & WRITE
CAH	UROLOGY	UROLOGY(C)	HAYNES M D MR		01/08/2017	16/07/2018	1	DARO	PSA DEC 18 & WRITE
CAH	UROLOGY	UROLOGY(C)	HAYNES M D MR		22/11/2016	16/07/2018	1	DARO	PSA OCT 18 & WRITE
CAH	UROLOGY	UROLOGY(C)	HAYNES M D MR		18/11/2014	16/07/2018	1	DARO	USS MAY 2020 & WRITE
CAH	UROLOGY	UROLOGY(C)	HAYNES M D MR		01/08/2014	16/07/2018	1	DARO	CT JULY 2019 & WRITE
CAH	UROLOGY	UROLOGY(C)	GLACKIN A.J MR		16/03/2018	17/07/2018	1	DARO	PSA DEC 2018

				Personal Information redacted by USI					
CAH	UROLOGY	UROLOGY(C)	HAYNES M D MR		24/01/2017	17/07/2018	1	DARO	PSA JAN 19 & WRITE
CAH	UROLOGY	UROLOGY(C)	HAYNES M D MR		07/05/2018	17/07/2018	1	DARO	USS DEC 18 & WRITE
CAH	UROLOGY	UROLOGY(C)	HAYNES M D MR		25/08/2017	17/07/2018	1	DARO	PSA JAN 19 & WRITE
CAH	UROLOGY	UROLOGY(C)	GLACKIN A.J MR		21/08/2014	18/07/2018	1	DARO	PSA JAN 2019 REV 1 YR
CAH	UROLOGY	UROLOGY(C)	GLACKIN A.J MR		19/09/2017	18/07/2018	1	DARO	PSA JAN 2019 REV MAY 19
CAH	UROLOGY	UROLOGY(C)	GLACKIN A.J MR		10/06/2016	18/07/2018	1	DARO	PSA JAN 2019
CAH	UROLOGY	UROLOGY(C)	HAYNES M D MR		13/11/2015	18/07/2018	1	DARO	PSA JAN 19 & WRITE
CAH	UROLOGY	UROLOGY(C)	HAYNES M D MR		18/09/2017	18/07/2018	1	DARO	USS JULY 2019 & WRITE
CAH	UROLOGY	UROLOGY(C)	HAYNES M D MR		26/03/2018	18/07/2018	1	DARO	PSA OCT 18 & WRITE
CAH	UROLOGY	UROLOGY(C)	HAYNES M D MR		26/11/2016	19/07/2018	1	DARO	USS JULY 2020 & WRITE
CAH	UROLOGY	UROLOGY(C)	JACOB T MR		17/07/2018	19/07/2018	1	DARO	CT RENAL APRIL 2019
CAH	UROLOGY	UROLOGY(C)	GLACKIN A.J MR		11/01/2018	20/07/2018	1	DARO	CT 2019 AFTER BCH COMP TREATME
CAH	UROLOGY	UROLOGY(C)	JACOB T MR		30/04/2014	20/07/2018	1	DARO	MRI JUNE 2019
CAH	UROLOGY	UROLOGY(C)	JACOB T MR		14/07/2017	20/07/2018	1	DARO	PSA NOV 2018 & JAN 2019
CAH	UROLOGY	UROLOGY(C)	JACOB T MR		14/12/2017	20/07/2018	1	DARO	CT CHEST SEPT 2019
CAH	UROLOGY	UROLOGY(C)	O'BRIEN A MR		20/07/2018	20/07/2018	1	DARO	CT SCAN (NOV 2018) THEN MDT
CAH	UROLOGY	UROLOGY(C)	YOUNG M MR		28/06/2018	20/07/2018	1	DARO	24HR URINE MY TO REV
CAH	UROLOGY	UROLOGY(C)	HAYNES M D MR		02/04/2015	23/07/2018	1	DARO	PSA JULY 2019 & WRITE
CAH	UROLOGY	UROLOGY(C)	O'DONOGHUE J P MR		18/05/2018	23/07/2018	1	DARO	CT DEC 2018 DH
CAH	UROLOGY	UROLOGY(C)	O'DONOGHUE J P MR		17/05/2018	24/07/2018	1	DARO	US SCAN JULY 2019 DH
CAH	UROLOGY	UROLOGY(C)	YOUNG M MR		26/07/2018	26/07/2018	1	DARO	USS 12M & WRITE PER STONE MDT
CAH	UROLOGY	UROLOGY(C)	GLACKIN A.J MR		01/05/2018	30/07/2018	1	DARO	PSA JAN 2019 PER AJG
CAH	UROLOGY	UROLOGY(C)	GLACKIN A.J MR		20/06/2016	30/07/2018	1	DARO	JULY 2019 USS
CAH	UROLOGY	UROLOGY(C)	O'DONOGHUE J P MR		30/07/2018	30/07/2018	1	DARO	PSA AUGUST 18 AD

				Personal Information redacted by USI					
CAH	UROLOGY	UROLOGY(C)	O'DONOGHUE J P MR		12/04/2018	30/07/2018	1	DARO	JAN 19 SCAN DH
CAH	UROLOGY	UROLOGY(C)	GLACKIN A.J MR		10/06/2016	31/07/2018	1	DARO	PSA JAN 2019 USS JULY 2019
CAH	UROLOGY	UROLOGY(C)	O'BRIEN A MR		02/10/2017	31/07/2018	1	DARO	PSA BY GP SEPT 2018
CAH	UROLOGY	UROLOGY(C)	O'BRIEN A MR		01/09/2012	31/07/2018	1	DARO	PSA BY GP AUGUST 2018
CAH	UROLOGY	UROLOGY(C)	O'BRIEN A MR		02/12/2010	31/07/2018	1	DARO	PSA BY GP - JUNE 2019
CAH	UROLOGY	UROLOGY(C)	O'BRIEN A MR		09/07/2012	31/07/2018	1	DARO	CT SCAN IN 2020
CAH	UROLOGY	UROLOGY(C)	O'BRIEN A MR		26/07/2012	31/07/2018	1	DARO	PSA BY GP - AUGUST 2018
CAH	UROLOGY	UROLOGY(C)	GLACKIN A.J MR		27/01/2017	02/08/2018	1	DARO	CT jan 2019
CAH	UROLOGY	UROLOGY(C)	HAYNES M D MR		28/04/2017	02/08/2018	1	DARO	CT JAN 2019 & write
CAH	UROLOGY	UROLOGY(C)	HAYNES M D MR		25/09/2017	02/08/2018	1	DARO	CT JAN 19 & WRITE
CAH	UROLOGY	UROLOGY(C)	O'DONOGHUE J P MR		02/08/2018	02/08/2018	1	DARO	STONE MDT
CAH	UROLOGY	UROLOGY(C)	YOUNG M MR		25/04/2018	02/08/2018	1	DARO	AWAIT USS RESULTS
CAH	UROLOGY	UROLOGY(C)	GLACKIN A.J MR		13/02/2018	03/08/2018	1	DARO	X-RAY JULY 2019
CAH	UROLOGY	UROLOGY(C)	HAYNES M D MR		02/09/2014	03/08/2018	1	DARO	PSA JULY 2019 & WRITE
CAH	UROLOGY	UROLOGY(C)	HAYNES M D MR		12/01/2017	03/08/2018	1	DARO	PSA JAN 2019 & WRITE
CAH	UROLOGY	UROLOGY(C)	HAYNES M D MR		01/03/2017	03/08/2018	1	DARO	PSA JAN 2019 & WRITE
CAH	UROLOGY	UROLOGY(C)	HAYNES M D MR		03/08/2018	03/08/2018	1	DARO	PSA JAN 2019 & WRITE
CAH	UROLOGY	UROLOGY(C)	HAYNES M D MR		22/12/2017	03/08/2018	1	DARO	PSA JAN 2019 & WRITE
CAH	UROLOGY	UROLOGY(C)	YOUNG M MR		12/03/2018	03/08/2018	1	DARO	AWAIT MRI SCAN RESULTS
CAH	UROLOGY	UROLOGY(C)	JACOB T MR		04/08/2018	04/08/2018	1	DARO	CT KUB & MAG-3
CAH	UROLOGY	UROLOGY(C)	GLACKIN A.J MR		12/01/2017	06/08/2018	1	DARO	PSA NOV 2018
CAH	UROLOGY	UROLOGY(C)	GLACKIN A.J MR		06/12/2017	06/08/2018	1	DARO	CT JULY 2019
CAH	UROLOGY	UROLOGY(C)	GLACKIN A.J MR		19/07/2015	06/08/2018	1	DARO	USS JULY 2019
CAH	UROLOGY	UROLOGY(C)	HAYNES M D MR		31/07/2017	06/08/2018	1	DARO	PSA JULY 2019 & WRITE

				Personal Information redacted by USI					
CAH	UROLOGY	UROLOGY(C)	HAYNES M D MR		03/07/2017	06/08/2018	1	DARO	PSA DEC 18 & WRITE
CAH	UROLOGY	UROLOGY(C)	HAYNES M D MR		06/10/2015	06/08/2018	1	DARO	PSA JAN 19 & WRITE
CAH	UROLOGY	UROLOGY(C)	HAYNES M D MR		08/02/2017	06/08/2018	1	DARO	PSA DEC 18 & WRITE
CAH	UROLOGY	UROLOGY(C)	HAYNES M D MR		28/12/2017	06/08/2018	1	DARO	PSA FEB 19 & WRITE
CAH	UROLOGY	UROLOGY(C)	HAYNES M D MR		26/03/2018	06/08/2018	1	DARO	MRI & WRITE
CAH	UROLOGY	UROLOGY(C)	YOUNG M MR		26/02/2016	06/08/2018	1	DARO	AWAIT PATIENT RESPONSE
CAH	UROLOGY	UROLOGY(C)	YOUNG M MR		27/11/2017	06/08/2018	1	DARO	AWAIT MRI SCAN RESULTS
CAH	UROLOGY	UROLOGY(C)	GLACKIN A.J MR		21/05/2018	07/08/2018	1	DARO	AWAIT GEN SURG
CAH	UROLOGY	UROLOGY(C)	GLACKIN A.J MR		30/09/2016	07/08/2018	1	DARO	PSA FEB 19 SEE ON PT REQ
CAH	UROLOGY	UROLOGY(C)	GLACKIN A.J MR		04/07/2018	07/08/2018	1	DARO	PSA dec 2018
CAH	UROLOGY	UROLOGY(C)	HAYNES M D MR		26/08/2015	07/08/2018	1	DARO	PSA JAN 2019 & WRITE
CAH	UROLOGY	UROLOGY(C)	HAYNES M D MR		09/06/2017	07/08/2018	1	DARO	PSA NOV 18 & WRITE
CAH	UROLOGY	UROLOGY(C)	HAYNES M D MR		03/05/2017	07/08/2018	1	DARO	PSA JAN 19 & WRITE
CAH	UROLOGY	UROLOGY(C)	HAYNES M D MR		07/07/2017	07/08/2018	1	DARO	PSA JUNE 19 & WRITE
CAH	UROLOGY	UROLOGY(C)	HAYNES M D MR		05/09/2017	07/08/2018	1	DARO	PSA FEB 2019 & WRITE
CAH	UROLOGY	UROLOGY(C)	HAYNES M D MR		06/02/2018	07/08/2018	1	DARO	PSA JAN 19 & WRITE
CAH	UROLOGY	UROLOGY(C)	HAYNES M D MR		05/01/2017	07/08/2018	1	DARO	PSA JULY 19 & WRITE
CAH	UROLOGY	UROLOGY(C)	O'DONOGHUE J P MR		07/05/2014	07/08/2018	1	DARO	SCAN JULY 19
CAH	UROLOGY	UROLOGY(C)	GLACKIN A.J MR		04/04/2018	08/08/2018	1	DARO	BLADDER DIARY reminder 2ND
CAH	UROLOGY	UROLOGY(C)	GLACKIN A.J MR		03/03/2017	08/08/2018	1	DARO	PSA NOV 2018
CAH	UROLOGY	UROLOGY(C)	GLACKIN A.J MR		03/03/2018	08/08/2018	1	DARO	SCRIPT ISSUED AW PT CONTACT
CAH	UROLOGY	UROLOGY(C)	GLACKIN A.J MR		07/12/2015	08/08/2018	1	DARO	PSA JAN 2019
CAH	UROLOGY	UROLOGY(C)	GLACKIN A.J MR		06/06/2018	08/08/2018	1	DARO	AW PT RESPONSE - PHONE REV
CAH	UROLOGY	UROLOGY(C)	HAYNES M D MR		06/12/2013	08/08/2018	1	DARO	USS AUGUST 2020 & WRITE

				Personal Information redacted by USI					
CAH	UROLOGY	UROLOGY(C)	HAYNES M D MR		06/02/2018	08/08/2018	1	DARO	PSA FEB 2019 & WRITE
CAH	UROLOGY	UROLOGY(C)	HAYNES M D MR		05/08/2014	08/08/2018	1	DARO	CT AUGUST 2019 & WRITE
CAH	UROLOGY	UROLOGY(C)	HAYNES M D MR		01/08/2018	08/08/2018	1	DARO	PSA DEC 18 & WRITE
CAH	UROLOGY	UROLOGY(C)	HAYNES M D MR		21/11/2017	08/08/2018	1	DARO	PSA FEB 2019 & WRITE
CAH	UROLOGY	UROLOGY(C)	HAYNES M D MR		24/05/2017	08/08/2018	1	DARO	CT JAN 19 & WRITE
CAH	UROLOGY	UROLOGY(C)	HAYNES M D MR		06/08/2018	08/08/2018	1	DARO	USS 02/19 & WRITE
CAH	UROLOGY	UROLOGY(C)	HAYNES M D MR		06/02/2015	08/08/2018	1	DARO	PSA FEB 2019 & WRITE
CAH	UROLOGY	UROLOGY(C)	HAYNES M D MR		22/09/2017	08/08/2018	1	DARO	CT JULY 2019 & WRITE
CAH	UROLOGY	UROLOGY(C)	GLACKIN A.J MR		9/12/2014	09/08/2018	1	DARO	PLAIN FILM july 2019
CAH	UROLOGY	UROLOGY(C)	GLACKIN A.J MR		24/11/2014	09/08/2018	1	DARO	PSA FEB 2019
CAH	UROLOGY	UROLOGY(C)	HAYNES M D MR		07/07/2017	09/08/2018	1	DARO	USS JUNE 2019 & WRITE
CAH	UROLOGY	UROLOGY(C)	HAYNES M D MR		3/01/2018	09/08/2018	1	DARO	CT FEB 19 & WRITE
CAH	UROLOGY	UROLOGY(C)	HAYNES M D MR		1/03/2018	09/08/2018	1	DARO	MAG 3 RENOGRAM MAY 19
CAH	UROLOGY	UROLOGY(C)	HAYNES M D MR		9/01/2017	09/08/2018	1	DARO	CT JAN 19 & WRITE
CAH	UROLOGY	UROLOGY(C)	HAYNES M D MR		5/06/2018	09/08/2018	1	DARO	PSA DEC 18 & WRITE
CAH	UROLOGY	UROLOGY(C)	HAYNES M D MR		1/05/2018	09/08/2018	1	DARO	CT JAN 19 & WRITE
CAH	UROLOGY	UROLOGY(C)	HAYNES M D MR		6/07/2016	09/08/2018	1	DARO	PSA NOV 18 & WRITE
CAH	UROLOGY	UROLOGY(C)	HAYNES M D MR		2/06/2018	09/08/2018	1	DARO	CT JUNE 2019 & WRITE
CAH	UROLOGY	UROLOGY(C)	HAYNES M D MR		4/07/2014	09/08/2018	1	DARO	CT JULY 19 & WRITE
CAH	UROLOGY	UROLOGY(C)	O'BRIEN A MR		9/08/2018	09/08/2018	1	DARO	PSA NOV 2018 - AOB
CAH	UROLOGY	UROLOGY(C)	HAYNES M D MR		7/01/2016	10/08/2018	1	DARO	CT JULY 2019 & WRITE
CAH	UROLOGY	UROLOGY(C)	HAYNES M D MR		8/08/2018	10/08/2018	1	DARO	PER PT RENOGRAM MID NOV 18
CAH	UROLOGY	UROLOGY(C)	GLACKIN A.J MR		2/08/2018	13/08/2018	1	DARO	CT
CAH	UROLOGY	UROLOGY(C)	HAYNES M D MR		3/03/2017	13/08/2018	1	DARO	PSA DEC 2018 & WRITE

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CAH	UROLOGY	UROLOGY(C)	HAYNES M D MR		23/04/2018	13/08/2018	1	DARO	CT RENAL AUG 2019 & WRITE
CAH	UROLOGY	UROLOGY(C)	HAYNES M D MR		06/04/2017	13/08/2018	1	DARO	PSA DEC 2018 & WRITE
CAH	UROLOGY	UROLOGY(C)	HAYNES M D MR		22/06/2018	13/08/2018	1	DARO	PSA FEB 2019 & WRITE
CAH	UROLOGY	UROLOGY(C)	HAYNES M D MR		30/04/2018	13/08/2018	1	DARO	USS AUGUST 2019 & WRITE
CAH	UROLOGY	UROLOGY(C)	HAYNES M D MR		18/05/2018	13/08/2018	1	DARO	PSA DEC 18 & WRITE
CAH	UROLOGY	UROLOGY(C)	GLACKIN A.J MR		29/06/2016	14/08/2018	1	DARO	CHEST X-RAY AND USS AUG 2019
CAH	UROLOGY	UROLOGY(C)	O'DONOGHUE J P MR		18/03/2015	14/08/2018	1	DARO	CT KUB BLOODS DH
CAH	UROLOGY	UROLOGY(C)	GLACKIN A.J MR		30/08/2016	15/08/2018	1	DARO	PSA FEB 2019
CAH	UROLOGY	UROLOGY(C)	GLACKIN A.J MR		03/11/2017	15/08/2018	1	DARO	PSA JAN 2019
CAH	UROLOGY	UROLOGY(C)	GLACKIN A.J MR		14/06/2018	15/08/2018	1	DARO	PSA NOV 2018
CAH	UROLOGY	UROLOGY(C)	GLACKIN A.J MR		01/07/2016	15/08/2018	1	DARO	CT AUG 2019
CAH	UROLOGY	UROLOGY(C)	GLACKIN A.J MR		30/11/2016	15/08/2018	1	DARO	CT AUGUST 2019
CAH	UROLOGY	UROLOGY(C)	HAYNES M D MR		17/08/2017	15/08/2018	1	DARO	PSA AUG 2019 & WRITE
CAH	UROLOGY	UROLOGY(C)	HAYNES M D MR		19/08/2014	15/08/2018	1	DARO	PSA AUG 2019 & WRITE
CAH	UROLOGY	UROLOGY(C)	HAYNES M D MR		06/03/2018	15/08/2018	1	DARO	PSA DEC 18 & WRITE
CAH	UROLOGY	UROLOGY(C)	HAYNES M D MR		21/08/2017	15/08/2018	1	DARO	CT FEB 19 & WRITE
CAH	UROLOGY	UROLOGY(C)	HAYNES M D MR		24/04/2017	15/08/2018	1	DARO	CT FEB 2019 & WRITE
CAH	UROLOGY	UROLOGY(C)	HAYNES M D MR		24/01/2018	15/08/2018	1	DARO	PSA FEB 19 & WRITE
CAH	UROLOGY	UROLOGY(C)	O'DONOGHUE J P MR		23/04/2015	15/08/2018	1	DARO	CT RENAL JULY 2020
CAH	UROLOGY	UROLOGY(C)	HAYNES M D MR		25/05/2018	16/08/2018	1	DARO	CT CAP JUNE 2019
CAH	UROLOGY	UROLOGY(C)	HAYNES M D MR		29/08/2014	16/08/2018	1	DARO	CT CAP AUG 19 & WRITE
CAH	UROLOGY	UROLOGY(C)	HAYNES M D MR		16/09/2015	16/08/2018	1	DARO	PSA 02/19 & USS AUG 2019
CAH	UROLOGY	UROLOGY(C)	HAYNES M D MR		08/05/2018	16/08/2018	1	DARO	USS JUNE 2019 & WRITE
CAH	UROLOGY	UROLOGY(C)	HAYNES M D MR		30/11/2017	16/08/2018	1	DARO	CT FEB 19 & WRITE

				Personal Information redacted by USI					
CAH	UROLOGY	UROLOGY(C)	HAYNES M D MR		09/03/2017	16/08/2018	1	DARO	PSA DEC 18 & WRITE
CAH	UROLOGY	UROLOGY(C)	GLACKIN A.J MR		30/01/2018	17/08/2018	1	DARO	CT AUG 2019
CAH	UROLOGY	UROLOGY(C)	GLACKIN A.J MR		08/05/2011	17/08/2018	1	DARO	uss july 2019
CAH	UROLOGY	UROLOGY(C)	GLACKIN A.J MR		04/05/2017	17/08/2018	1	DARO	PSA NOV 2018
CAH	UROLOGY	UROLOGY(C)	GLACKIN A.J MR		30/10/2014	17/08/2018	1	DARO	PSA DEC 2018
CAH	UROLOGY	UROLOGY(C)	GLACKIN A.J MR		08/11/2012	17/08/2018	1	DARO	PSA JAN 2019
CAH	UROLOGY	UROLOGY(C)	GLACKIN A.J MR		11/09/2014	17/08/2018	1	DARO	CT AUGUST 2019
CAH	UROLOGY	UROLOGY(C)	HAYNES M D MR		25/01/2018	17/08/2018	1	DARO	psa feb 2019 & write
CAH	UROLOGY	UROLOGY(C)	O'BRIEN A MR		02/03/2016	18/08/2018	1	DARO	USS SCAN DEC 2019 THEN REVIEW
CAH	UROLOGY	UROLOGY(C)	GLACKIN A.J MR		26/05/2016	20/08/2018	1	DARO	PSA FEB 19
CAH	UROLOGY	UROLOGY(C)	GLACKIN A.J MR		30/11/2013	21/08/2018	1	DARO	PLAIN X-RAY AUG 19
CAH	UROLOGY	UROLOGY(C)	GLACKIN A.J MR		19/07/2016	21/08/2018	1	DARO	PSA NOV 2018
CAH	UROLOGY	UROLOGY(C)	GLACKIN A.J MR		13/05/2016	21/08/2018	1	DARO	X-RAY FEB 19 REV AUG 19
CAH	UROLOGY	UROLOGY(C)	GLACKIN A.J MR		14/06/2018	21/08/2018	1	DARO	PSA DEC 2018
CAH	UROLOGY	UROLOGY(C)	GLACKIN A.J MR		08/03/2018	21/08/2018	1	DARO	MRI
CAH	UROLOGY	UROLOGY(C)	HAYNES M D MR		08/01/2018	21/08/2018	1	DARO	PSA 11/18 & WRITE
CAH	UROLOGY	UROLOGY(C)	HAYNES M D MR		19/04/2018	21/08/2018	1	DARO	PSA DEC 18 & WRITE
CAH	UROLOGY	UROLOGY(C)	HAYNES M D MR		06/02/2018	21/08/2018	1	DARO	PSA FEB 2019 & CT CAP 04/19
CAH	UROLOGY	UROLOGY(C)	HAYNES M D MR		30/12/2016	21/08/2018	1	DARO	PSA FEB 19 & WRITE
CAH	UROLOGY	UROLOGY(C)	GLACKIN A.J MR		13/02/2012	22/08/2018	1	DARO	PSA NOV 2018
CAH	UROLOGY	UROLOGY(C)	GLACKIN A.J MR		23/03/2018	22/08/2018	1	DARO	PSA FEB 19
CAH	UROLOGY	UROLOGY(C)	HAYNES M D MR		19/09/2017	22/08/2018	1	DARO	PSA DEC 18 & WRITE
CAH	UROLOGY	UROLOGY(C)	HAYNES M D MR		09/01/2017	22/08/2018	1	DARO	USS AUG 2020 & WRITE
CAH	UROLOGY	UROLOGY(C)	HAYNES M D MR		12/09/2016	23/08/2018	1	DARO	PSA DEC 2018 & WRITE

				Personal Information redacted by USI					
CAH	UROLOGY	UROLOGY(C)	HAYNES M D MR		29/07/2016	23/08/2018	1	DARO	CT AUG 2019 & WRITE
CAH	UROLOGY	UROLOGY(C)	HAYNES M D MR		26/05/2017	23/08/2018	1	DARO	CT AUG 19 & WRITE
CAH	UROLOGY	UROLOGY(C)	JACOB T MR		31/07/2018	23/08/2018	1	DARO	MRI PROSTATE MARCH 2019
CAH	UROLOGY	UROLOGY(C)	O'DONOGHUE J P MR		23/08/2018	23/08/2018	1	DARO	PSA FEB 2019 SABA
CAH	UROLOGY	UROLOGY(C)	YOUNG M MR		29/05/2018	23/08/2018	1	DARO	FURTHER IMAGING & REDISC JAN19
CAH	UROLOGY	UROLOGY(C)	YOUNG M MR		24/07/2018	23/08/2018	1	DARO	AWAIT URINE CYTOLOGY
CAH	UROLOGY	UROLOGY(C)	GLACKIN A.J MR		13/03/2017	24/08/2018	1	DARO	PSA 11/18 & REV 12M PER AJG
CAH	UROLOGY	UROLOGY(C)	GLACKIN A.J MR		20/06/2016	28/08/2018	1	DARO	CT AUGUST 2019 WRITE PER AJG
CAH	UROLOGY	UROLOGY(C)	GLACKIN A.J MR		28/08/2018	28/08/2018	1	DARO	PSA FEB 2019
CAH	UROLOGY	UROLOGY(C)	GLACKIN A.J MR		03/08/2017	28/08/2018	1	DARO	USS AUG 2019
CAH	UROLOGY	UROLOGY(C)	HAYNES M D MR		31/12/2017	28/08/2018	1	DARO	USS 08/19 & WRITE
CAH	UROLOGY	UROLOGY(C)	O'DONOGHUE J P MR		21/08/2017	28/08/2018	1	DARO	WRITE WITH PSA RESULT FEB 19DH
CAH	UROLOGY	UROLOGY(C)	GLACKIN A.J MR		05/04/2018	29/08/2018	1	DARO	AWAIT RESPONSE CONTINENCE TEAM
CAH	UROLOGY	UROLOGY(C)	HAYNES M D MR		23/08/2018	29/08/2018	1	DARO	MAG 3 NOV 18 & REV
CAH	UROLOGY	UROLOGY(C)	HAYNES M D MR		20/05/2016	29/08/2018	1	DARO	PSA FEB 19 & WRITE
CAH	UROLOGY	UROLOGY(C)	O'DONOGHUE J P MR		07/09/2016	29/08/2018	1	DARO	MRI THEN REV FEB 2019
CAH	UROLOGY	UROLOGY(C)	O'DONOGHUE J P MR		26/08/2015	29/08/2018	1	DARO	MRI THEN REV APR 19 PSA 1WK BE
CAH	UROLOGY	UROLOGY(C)	GLACKIN A.J MR		19/12/2015	31/08/2018	1	DARO	PSA NOV 2018
CAH	UROLOGY	UROLOGY(C)	HAYNES M D MR		30/03/2018	31/08/2018	1	DARO	PSA DEC 18 & WRITE
CAH	UROLOGY	UROLOGY(C)	HAYNES M D MR		07/09/2016	31/08/2018	1	DARO	CT AUG 19 & WRITE
CAH	UROLOGY	UROLOGY(C)	JACOB T MR		08/05/2018	31/08/2018	1	DARO	MAG-3 RENOGRAM AUGUST 2019
CAH	UROLOGY	UROLOGY(C)	JACOB T MR		07/03/2018	31/08/2018	1	DARO	MRI SPINE
CAH	UROLOGY	UROLOGY(C)	JACOB T MR		11/07/2017	31/08/2018	1	DARO	SEMEN ANALYSIS DEC 2018
CAH	UROLOGY	UROLOGY(C)	O'DONOGHUE J P MR		11/09/2017	31/08/2018	1	DARO	PSA CHECK FEB 2019

				Personal Information redacted by USI					
CAH	UROLOGY	UROLOGY(C)	GLACKIN A.J MR		20/04/2011	03/09/2018	1	DARO	PSA DEC 2018
CAH	UROLOGY	UROLOGY(C)	GLACKIN A.J MR		13/06/2017	03/09/2018	1	DARO	ct dec 2018, MDT
CAH	UROLOGY	UROLOGY(C)	HAYNES M D MR		26/08/2016	03/09/2018	1	DARO	PSA APRIL 19 & WRITE
CAH	UROLOGY	UROLOGY(C)	HAYNES M D MR		15/11/2016	03/09/2018	1	DARO	PSA OVERDUE MDH WRITE X2
CAH	UROLOGY	UROLOGY(C)	HAYNES M D MR		31/08/2018	03/09/2018	1	DARO	MAG 3 NOV 18
CAH	UROLOGY	UROLOGY(C)	HAYNES M D MR		04/07/2018	03/09/2018	1	DARO	CT AUGUST 2020 & WRITE
CAH	UROLOGY	UROLOGY(C)	HAYNES M D MR		20/03/2015	03/09/2018	1	DARO	PSA OVERDUE MDH WROTE X2
CAH	UROLOGY	UROLOGY(C)	HAYNES M D MR		05/09/2017	03/09/2018	1	DARO	PSA OVERDUE MDH WROTE
CAH	UROLOGY	UROLOGY(C)	O'DONOGHUE J P MR		07/03/2018	03/09/2018	1	DARO	MRI DH
CAH	UROLOGY	UROLOGY(C)	GLACKIN A.J MR		05/04/2018	04/09/2018	1	DARO	PSA 0319 REV UO SEPT19 PER AJG
CAH	UROLOGY	UROLOGY(C)	GLACKIN A.J MR		28/01/2015	04/09/2018	1	DARO	CT RENAL SEPT 2019 PER AJG
CAH	UROLOGY	UROLOGY(C)	GLACKIN A.J MR		22/02/2017	04/09/2018	1	DARO	CT FEB 19 UO MARCH 19 PER AJG
CAH	UROLOGY	UROLOGY(C)	GLACKIN A.J MR		03/05/2017	04/09/2018	1	DARO	CT JANUARY 2019 PER AJG
CAH	UROLOGY	UROLOGY(C)	GLACKIN A.J MR		13/06/2017	04/09/2018	1	DARO	CT MARCH 19 & WRITE PER AJG
CAH	UROLOGY	UROLOGY(C)	GLACKIN A.J MR		16/01/2018	04/09/2018	1	DARO	PSA NOVEMBER 2018 PER AJG
CAH	UROLOGY	UROLOGY(C)	GLACKIN A.J MR		21/05/2018	04/09/2018	1	DARO	PSA NOV 18
CAH	UROLOGY	UROLOGY(C)	GLACKIN A.J MR		06/03/2018	04/09/2018	1	DARO	PSA MARCH 2019
CAH	UROLOGY	UROLOGY(C)	HAYNES M D MR		20/04/2015	04/09/2018	1	DARO	CT APRIL 19 & MRI LIVER FEB 19
CAH	UROLOGY	UROLOGY(C)	HAYNES M D MR		20/06/2017	04/09/2018	1	DARO	PSA DEC 18 & WRITE
CAH	UROLOGY	UROLOGY(C)	HAYNES M D MR		06/06/2018	04/09/2018	1	DARO	CT AUG 19 & WRITE
CAH	UROLOGY	UROLOGY(C)	HAYNES M D MR		01/02/2013	04/09/2018	1	DARO	PSA JAN 19 & WRITE
CAH	UROLOGY	UROLOGY(C)	JACOB T MR		02/03/2017	04/09/2018	1	DARO	CTU AUGUST 2019
CAH	UROLOGY	UROLOGY(C)	GLACKIN A.J MR		04/10/2016	05/09/2018	1	DARO	BLOODS NOV 18 REV MAY 2019
CAH	UROLOGY	UROLOGY(C)	GLACKIN A.J MR		13/12/2016	05/09/2018	1	DARO	psa dec 2018

				Personal Information redacted by USI					
CAH	UROLOGY	UROLOGY(C)	JACOB T MR		18/04/2018	05/09/2018	1	DARO	CT KUB
CAH	UROLOGY	UROLOGY(C)	GLACKIN A.J MR		10/12/2012	06/09/2018	1	DARO	PSA FEB 2019
CAH	UROLOGY	UROLOGY(C)	GLACKIN A.J MR		31/10/2013	06/09/2018	1	DARO	CT may 2019
CAH	UROLOGY	UROLOGY(C)	GLACKIN A.J MR		20/06/2017	06/09/2018	1	DARO	PSA AUG 2019
CAH	UROLOGY	UROLOGY(C)	GLACKIN A.J MR		10/07/2013	06/09/2018	1	DARO	PSA FEB 2019
CAH	UROLOGY	UROLOGY(C)	GLACKIN A.J MR		26/01/2018	06/09/2018	1	DARO	FEBRUARY 2019
CAH	UROLOGY	UROLOGY(C)	GLACKIN A.J MR		02/07/2018	06/09/2018	1	DARO	psa feb 2019
CAH	UROLOGY	UROLOGY(C)	HAYNES M D MR		22/12/2017	06/09/2018	1	DARO	CT CAP MARCH 2019
CAH	UROLOGY	UROLOGY(C)	HAYNES M D MR		28/10/2016	06/09/2018	1	DARO	USS 09/19 & WRITE
CAH	UROLOGY	UROLOGY(C)	HAYNES M D MR		24/03/2017	06/09/2018	1	DARO	CT SEPT 19 & WRITE
CAH	UROLOGY	UROLOGY(C)	HAYNES M D MR		05/09/2018	06/09/2018	1	DARO	USS JAN 19 & WRITE
CAH	UROLOGY	UROLOGY(C)	JACOB T MR		24/01/2018	06/09/2018	1	DARO	CT CHEST NOV/DEC 2018 & REVIEW
CAH	UROLOGY	UROLOGY(C)	JACOB T MR		22/08/2018	06/09/2018	1	DARO	CT UROGRAM
CAH	UROLOGY	UROLOGY(C)	HAYNES M D MR		20/10/2015	07/09/2018	1	DARO	MRI AUGUST 2019 & WRITE
CAH	UROLOGY	UROLOGY(C)	HAYNES M D MR		21/03/2017	07/09/2018	1	DARO	CT SEPT 19 & WRITE
CAH	UROLOGY	UROLOGY(C)	HAYNES M D MR		10/05/2016	07/09/2018	1	DARO	USS MAY 2019 & WRITE
CAH	UROLOGY	UROLOGY(C)	GLACKIN A.J MR		15/07/2016	10/09/2018	1	DARO	PSA NOV 2018
CAH	UROLOGY	UROLOGY(C)	HAYNES M D MR		24/01/2017	10/09/2018	1	DARO	MRI & WRITE
CAH	UROLOGY	UROLOGY(C)	HAYNES M D MR		16/08/2018	10/09/2018	1	DARO	URINE CYTOLOGY MARCH 19
CAH	UROLOGY	UROLOGY(C)	HAYNES M D MR		02/10/2017	10/09/2018	1	DARO	PSA JAN 19 & WRITE
CAH	UROLOGY	UROLOGY(C)	GLACKIN A.J MR		08/09/2017	11/09/2018	1	DARO	CT SEPT 2019
CAH	UROLOGY	UROLOGY(C)	GLACKIN A.J MR		05/09/2015	11/09/2018	1	DARO	AWAIT TRIAL OF MIRABEGRON DEC
CAH	UROLOGY	UROLOGY(C)	GLACKIN A.J MR		02/11/2017	11/09/2018	1	DARO	PSA NOV 2018
CAH	UROLOGY	UROLOGY(C)	GLACKIN A.J MR		09/06/2015	11/09/2018	1	DARO	U&E DEC 2018

				Personal Information redacted by USI					
CAH	UROLOGY	UROLOGY(C)	GLACKIN A.J MR	[redacted]	21/07/2017	11/09/2018	1	DARO	PSA FEB 2019
CAH	UROLOGY	UROLOGY(C)	GLACKIN A.J MR	[redacted]	12/04/2016	11/09/2018	1	DARO	PSA FEB 2019
CAH	UROLOGY	UROLOGY(C)	GLACKIN A.J MR	[redacted]	16/07/2014	11/09/2018	1	DARO	PSA
CAH	UROLOGY	UROLOGY(C)	GLACKIN A.J MR	[redacted]	24/05/2018	11/09/2018	1	DARO	PSA FEB 19 PER AJG
CAH	UROLOGY	UROLOGY(C)	GLACKIN A.J MR	[redacted]	22/07/2015	11/09/2018	1	DARO	CT AUG 2019
CAH	UROLOGY	UROLOGY(C)	GLACKIN A.J MR	[redacted]	23/05/2017	11/09/2018	1	DARO	psa march 2019 rev aug 2019
CAH	UROLOGY	UROLOGY(C)	GLACKIN A.J MR	[redacted]	31/08/2017	11/09/2018	1	DARO	PSA DEC 2018
CAH	UROLOGY	UROLOGY(C)	HAYNES M D MR	[redacted]	10/09/2018	11/09/2018	1	DARO	USS MARCH 2019 & WRITE
CAH	UROLOGY	UROLOGY(C)	HAYNES M D MR	[redacted]	04/06/2015	11/09/2018	1	DARO	PSA NOV 2018 & WRITE
CAH	UROLOGY	UROLOGY(C)	HAYNES M D MR	[redacted]	21/08/2015	11/09/2018	1	DARO	CT SEPT 19 & WRITE
CAH	UROLOGY	UROLOGY(C)	HAYNES M D MR	[redacted]	15/03/2017	11/09/2018	1	DARO	PSA DEC 18 & WRITE
CAH	UROLOGY	UROLOGY(C)	HAYNES M D MR	[redacted]	05/03/2018	11/09/2018	1	DARO	CT FEB 19 & WRITE
CAH	UROLOGY	UROLOGY(C)	HAYNES M D MR	[redacted]	07/11/2017	11/09/2018	1	DARO	PSA 12/18 & WRITE
CAH	UROLOGY	UROLOGY(C)	HAYNES M D MR	[redacted]	15/12/2016	11/09/2018	1	DARO	CT SEPT 19 & WRITE
CAH	UROLOGY	UROLOGY(C)	HAYNES M D MR	[redacted]	03/08/2018	11/09/2018	1	DARO	CT DEC 18 & WRITE
CAH	UROLOGY	UROLOGY(C)	HAYNES M D MR	[redacted]	08/06/2018	11/09/2018	1	DARO	CT DEC 18 & WRITE
CAH	UROLOGY	UROLOGY(C)	YOUNG M MR	[redacted]	11/09/2018	11/09/2018	1	DARO	FOR CT & REVIEW AT STONE MDT
CAH	UROLOGY	UROLOGY(C)	GLACKIN A.J MR	[redacted]	28/11/2017	12/09/2018	1	DARO	US TESTES & WRITE RESULTS
CAH	UROLOGY	UROLOGY(C)	GLACKIN A.J MR	[redacted]	31/12/2013	13/09/2018	1	DARO	CT SEPT 2019
CAH	UROLOGY	UROLOGY(C)	GLACKIN A.J MR	[redacted]	5/04/2013	13/09/2018	1	DARO	PSA DEC 2018
CAH	UROLOGY	UROLOGY(C)	GLACKIN A.J MR	[redacted]	3/11/2017	13/09/2018	1	DARO	PSA DEC 2018
CAH	UROLOGY	UROLOGY(C)	GLACKIN A.J MR	[redacted]	09/11/2012	13/09/2018	1	DARO	PSA MARCH 2019
CAH	UROLOGY	UROLOGY(C)	GLACKIN A.J MR	[redacted]	2/02/2016	13/09/2018	1	DARO	PSA 0119 MRI 2019 PER AJG
CAH	UROLOGY	UROLOGY(C)	GLACKIN A.J MR	[redacted]	09/04/2013	13/09/2018	1	DARO	PSA MARCH 2019

				Personal Information redacted by USI					
CAH	UROLOGY	UROLOGY(C)	HAYNES M D MR		8/07/2017	13/09/2018	1	DARO	PSA DEC 18 & MRI JAN 2019
CAH	UROLOGY	UROLOGY(C)	HAYNES M D MR		0/07/2017	13/09/2018	1	DARO	PSA DEC 18 & WRITE
CAH	UROLOGY	UROLOGY(C)	HAYNES M D MR		3/08/2018	13/09/2018	1	DARO	CT FEB 2019 & WRITE
CAH	UROLOGY	UROLOGY(C)	HAYNES M D MR		1/04/2016	13/09/2018	1	DARO	MRI THEN PROSTATE BX
CAH	UROLOGY	UROLOGY(C)	JACOB T MR		6/07/2018	13/09/2018	1	DARO	MRI SPINE & MDT
CAH	UROLOGY	UROLOGY(C)	YOUNG M MR		0/04/2018	13/09/2018	1	DARO	AWAIT CT STH PER MY LETTER
CAH	UROLOGY	UROLOGY(C)	HAYNES M D MR		0/09/2018	14/09/2018	1	DARO	USS MARCH 19 & WRITE
CAH	UROLOGY	UROLOGY(C)	HAYNES M D MR		6/06/2018	14/09/2018	1	DARO	USS SEPT 2020 & WRITE
CAH	UROLOGY	UROLOGY(C)	HAYNES M D MR		5/01/2017	14/09/2018	1	DARO	USS SEPT 2020 & WRITE
CAH	UROLOGY	UROLOGY(C)	HAYNES M D MR		1/02/2018	14/09/2018	1	DARO	CT SEPT 2019 & WRITE
CAH	UROLOGY	UROLOGY(C)	O'BRIEN A MR		9/06/2016	14/09/2018	1	DARO	CT SCAN MARCH 2019 THEN MDM
CAH	UROLOGY	UROLOGY(C)	GLACKIN A.J MR		9/05/2018	17/09/2018	1	DARO	CT MAR 2019 REV SEPT 19
CAH	UROLOGY	UROLOGY(C)	GLACKIN A.J MR		1/08/2017	17/09/2018	1	DARO	PSA MARCH 2019
CAH	UROLOGY	UROLOGY(C)	HAYNES M D MR		7/02/2018	17/09/2018	1	DARO	CT DECEMBER 18 & WRITE
CAH	UROLOGY	UROLOGY(C)	HAYNES M D MR		1/01/2016	17/09/2018	1	DARO	PSA NOV 18 & WRITE
CAH	UROLOGY	UROLOGY(C)	HAYNES M D MR		8/06/2018	17/09/2018	1	DARO	USS & WRITE
CAH	UROLOGY	UROLOGY(C)	HAYNES M D MR		5/07/2018	17/09/2018	1	DARO	USS 03/19 & PSA 03/19 (DH)
CAH	UROLOGY	UROLOGY(C)	GLACKIN A.J MR		5/06/2016	18/09/2018	1	DARO	MRI AND BLOOD AND WRITE
CAH	UROLOGY	UROLOGY(C)	GLACKIN A.J MR		5/08/2014	18/09/2018	1	DARO	ct sept 2019
CAH	UROLOGY	UROLOGY(C)	GLACKIN A.J MR		5/07/2018	18/09/2018	1	DARO	bladder diary REMINDER
CAH	UROLOGY	UROLOGY(C)	GLACKIN A.J MR		3/10/2017	18/09/2018	1	DARO	PSA AND U+E dec 2018
CAH	UROLOGY	UROLOGY(C)	GLACKIN A.J MR		6/07/2013	18/09/2018	1	DARO	CT CAP APR 19
CAH	UROLOGY	UROLOGY(C)	GLACKIN A.J MR		3/07/2018	18/09/2018	1	DARO	PSA MARCH 2019
CAH	UROLOGY	UROLOGY(C)	GLACKIN A.J MR		7/11/2016	18/09/2018	1	DARO	USS MARCH 2019

				Personal Information redacted by USI					
CAH	UROLOGY	UROLOGY(C)	GLACKIN A.J MR		09/02/2016	18/09/2018	1	DARO	PLAIN FILM SEPT 19
CAH	UROLOGY	UROLOGY(C)	GLACKIN A.J MR		12/05/2017	18/09/2018	1	DARO	USS SEPT 2019
CAH	UROLOGY	UROLOGY(C)	JACOB T MR		18/09/2018	18/09/2018	1	DARO	SEMEN ANALYSIS
CAH	UROLOGY	UROLOGY(C)	JACOB T MR		26/04/2018	18/09/2018	1	DARO	CT KUB
CAH	UROLOGY	UROLOGY(C)	O'DONOGHUE J P MR		26/06/2018	18/09/2018	1	DARO	TO HEAR AFTER ESWL PLAN?
CAH	UROLOGY	UROLOGY(C)	GLACKIN A.J MR		18/12/2017	19/09/2018	1	DARO	MRI MAY 2019
CAH	UROLOGY	UROLOGY(C)	GLACKIN A.J MR		27/04/2018	19/09/2018	1	DARO	urinary acr and write reminder
CAH	UROLOGY	UROLOGY(C)	GLACKIN A.J MR		18/04/2018	19/09/2018	1	DARO	testosterone and write - rem
CAH	UROLOGY	UROLOGY(C)	HAYNES M D MR		23/08/2017	19/09/2018	1	DARO	PSA MARCH 2019 & WRITE
CAH	UROLOGY	UROLOGY(C)	HAYNES M D MR		24/11/2015	19/09/2018	1	DARO	PSA JAN 19 & WRITE
CAH	UROLOGY	UROLOGY(C)	HAYNES M D MR		24/01/2017	19/09/2018	1	DARO	PSA JAN 19 & WRITE
CAH	UROLOGY	UROLOGY(C)	HAYNES M D MR		26/03/2018	19/09/2018	1	DARO	CT SEPT 2019 & WRITE
CAH	UROLOGY	UROLOGY(C)	HAYNES M D MR		26/05/2015	19/09/2018	1	DARO	USS SEPT 2019 & WRITE
CAH	UROLOGY	UROLOGY(C)	HAYNES M D MR		24/08/2017	19/09/2018	1	DARO	PSA JAN 2019 & WRITE
CAH	UROLOGY	UROLOGY(C)	HAYNES M D MR		08/09/2017	19/09/2018	1	DARO	PSA DECEMBER 2018 & WRITE
CAH	UROLOGY	UROLOGY(C)	HAYNES M D MR		08/04/2016	19/09/2018	1	DARO	CT SEPT 2019 & WRITE
CAH	UROLOGY	UROLOGY(C)	HAYNES M D MR		08/06/2018	19/09/2018	1	DARO	PSA 12/18 & CT FEB 19 & WRITE
CAH	UROLOGY	UROLOGY(C)	HAYNES M D MR		08/09/2017	19/09/2018	1	DARO	CT MARCH 19 & WRITE
CAH	UROLOGY	UROLOGY(C)	JACOB T MR		23/04/2018	19/09/2018	1	DARO	CT UROGRAM
CAH	UROLOGY	UROLOGY(C)	O'DONOGHUE J P MR		17/08/2017	19/09/2018	1	DARO	BLOODS MRI
CAH	UROLOGY	UROLOGY(C)	GLACKIN A.J MR		01/06/2012	20/09/2018	1	DARO	PSA MARCH 2019
CAH	UROLOGY	UROLOGY(C)	GLACKIN A.J MR		21/12/2015	20/09/2018	1	DARO	psa dec 2018 REV FEB 19
CAH	UROLOGY	UROLOGY(C)	GLACKIN A.J MR		14/10/2016	20/09/2018	1	DARO	CT SEPT 19
CAH	UROLOGY	UROLOGY(C)	GLACKIN A.J MR		30/08/2017	20/09/2018	1	DARO	PSA DEC 2018

				Personal Information redacted by USI					
CAH	UROLOGY	UROLOGY(C)	JACOB T MR		25/10/2017	20/09/2018	1	DARO	STC MDT USS UT AUG 2019
CAH	UROLOGY	UROLOGY(C)	YOUNG M MR		07/09/2018	20/09/2018	1	DARO	USS 6/52 PER JOD STC MDT
CAH	UROLOGY	UROLOGY(C)	YOUNG M MR		20/09/2018	20/09/2018	1	DARO	CT ONE YEAR PER JOD STONE MDT
CAH	UROLOGY	UROLOGY(C)	YOUNG M MR		09/09/2018	20/09/2018	1	DARO	USS 6/52 & STH MDT PER JOD
CAH	UROLOGY	UROLOGY(C)	GLACKIN A.J MR		4/05/2015	21/09/2018	1	DARO	PSA JAN 2019
CAH	UROLOGY	UROLOGY(C)	GLACKIN A.J MR		21/09/2018	21/09/2018	1	DARO	USS MARCH 2019 WL SEPT 19
CAH	UROLOGY	UROLOGY(C)	HAYNES M D MR		20/06/2017	21/09/2018	1	DARO	PSA DEC 18 & WRITE
CAH	UROLOGY	UROLOGY(C)	HAYNES M D MR		8/09/2018	21/09/2018	1	DARO	PSA MARCH 2019 & WRITE
CAH	UROLOGY	UROLOGY(C)	HAYNES M D MR		9/09/2018	21/09/2018	1	DARO	CT RENAL & WRITE
CAH	UROLOGY	UROLOGY(C)	HAYNES M D MR		06/09/2017	21/09/2018	1	DARO	CT MARCH 19 & WRITE
CAH	UROLOGY	UROLOGY(C)	HAYNES M D MR		27/09/2017	21/09/2018	1	DARO	CT SEPT 2019 & WRITE
CAH	UROLOGY	UROLOGY(C)	HAYNES M D MR		27/02/2017	21/09/2018	1	DARO	CT SEPT 19 & WRITE
CAH	UROLOGY	UROLOGY(C)	O'DONOGHUE J P MR		07/08/2018	23/09/2018	1	DARO	DMSA THEN REV AT OPD
CAH	UROLOGY	UROLOGY(C)	GLACKIN A.J MR		08/05/2014	24/09/2018	1	DARO	CT NOV 2018
CAH	UROLOGY	UROLOGY(C)	HAYNES M D MR		09/03/2015	24/09/2018	1	DARO	USS & RENORGAM SEP 2019
CAH	UROLOGY	UROLOGY(C)	HAYNES M D MR		8/04/2018	24/09/2018	1	DARO	PSA JAN 2019 & WRITE
CAH	UROLOGY	UROLOGY(C)	HAYNES M D MR		20/09/2018	24/09/2018	1	DARO	CT SEPT 2019
CAH	UROLOGY	UROLOGY(C)	YOUNG M MR		02/02/2018	24/09/2018	1	DARO	AWAIT REPEAT URATE LEVELS
CAH	UROLOGY	UROLOGY(C)	YOUNG M MR		21/03/2018	24/09/2018	1	DARO	AWAIT RPT PSA FROM GP (DUE0319
CAH	UROLOGY	UROLOGY(C)	GLACKIN A.J MR		20/03/2018	25/09/2018	1	DARO	MIRABEGRON DEC 2018
CAH	UROLOGY	UROLOGY(C)	GLACKIN A.J MR		22/03/2018	25/09/2018	1	DARO	PSA MARCH 2019
CAH	UROLOGY	UROLOGY(C)	GLACKIN A.J MR		27/02/2018	25/09/2018	1	DARO	? ECR REFERRAL AJG TO RESEARCH
CAH	UROLOGY	UROLOGY(C)	GLACKIN A.J MR		30/10/2014	25/09/2018	1	DARO	USS SEPT 19
CAH	UROLOGY	UROLOGY(C)	GLACKIN A.J MR		5/10/2014	25/09/2018	1	DARO	PSA MARCH 2019

				Personal Information redacted by USI					
CAH	UROLOGY	UROLOGY(C)	GLACKIN A.J MR		5/12/2017	25/09/2018	1	DARO	USS FEBRUARY 2019 PER AJG
CAH	UROLOGY	UROLOGY(C)	GLACKIN A.J MR		8/07/2016	25/09/2018	1	DARO	PSA FEBRUARY 2019 PER AJG
CAH	UROLOGY	UROLOGY(C)	GLACKIN A.J MR		5/09/2018	25/09/2018	1	DARO	MRI ABDOMEN PER AJG DPU
CAH	UROLOGY	UROLOGY(C)	HAYNES M D MR		4/08/2016	25/09/2018	1	DARO	PSA DEC 2018 & WRITE
CAH	UROLOGY	UROLOGY(C)	HAYNES M D MR		5/01/2017	25/09/2018	1	DARO	PSA DEC 2018 & WRITE
CAH	UROLOGY	UROLOGY(C)	HAYNES M D MR		6/05/2017	25/09/2018	1	DARO	PSA DEC 2018 & WRITE
CAH	UROLOGY	UROLOGY(C)	HAYNES M D MR		6/03/2015	25/09/2018	1	DARO	PSA JAN 2019 & WRITE
CAH	UROLOGY	UROLOGY(C)	HAYNES M D MR		6/09/2015	25/09/2018	1	DARO	PSA FEB 2019 & WRITE
CAH	UROLOGY	UROLOGY(C)	HAYNES M D MR		6/05/2016	25/09/2018	1	DARO	PSA MARCH 2019 & WRITE
CAH	UROLOGY	UROLOGY(C)	HAYNES M D MR		8/05/2018	25/09/2018	1	DARO	PSA DEC 2018 & WRITE
CAH	UROLOGY	UROLOGY(C)	HAYNES M D MR		4/07/2017	25/09/2018	1	DARO	PSA AUG 2019 & WRITE
CAH	UROLOGY	UROLOGY(C)	HAYNES M D MR		5/03/2018	25/09/2018	1	DARO	PSA DEC 2018 & WRITE
CAH	UROLOGY	UROLOGY(C)	HAYNES M D MR		9/07/2017	25/09/2018	1	DARO	CT & BONE SCAN MARCH 2019
CAH	UROLOGY	UROLOGY(C)	HAYNES M D MR		4/01/2018	25/09/2018	1	DARO	PSA FEB 2019 & WRITE
CAH	UROLOGY	UROLOGY(C)	HAYNES M D MR		8/02/2018	25/09/2018	1	DARO	PSA MARCH 2019 & WRITE
CAH	UROLOGY	UROLOGY(C)	HAYNES M D MR		9/09/2018	25/09/2018	1	DARO	CT JAN 2019 & WRITE
CAH	UROLOGY	UROLOGY(C)	JACOB T MR		0/08/2018	25/09/2018	1	DARO	CT UROGRAM
CAH	UROLOGY	UROLOGY(C)	O'BRIEN A MR		0/02/2018	25/09/2018	1	DARO	SEMEN ANALYSIS - AOB
CAH	UROLOGY	UROLOGY(C)	O'DONOGHUE J P MR		2/01/2017	25/09/2018	1	DARO	US SEPT 2019
CAH	UROLOGY	UROLOGY(C)	GLACKIN A.J MR		8/05/2018	26/09/2018	1	DARO	CT AND WL
CAH	UROLOGY	UROLOGY(C)	HAYNES M D MR		5/01/2018	26/09/2018	1	DARO	ct sept 2018 & write
CAH	UROLOGY	UROLOGY(C)	HAYNES M D MR		7/09/2017	26/09/2018	1	DARO	CT MARCH 19 & WRITE
CAH	UROLOGY	UROLOGY(C)	O'DONOGHUE J P MR		6/04/2017	26/09/2018	1	DARO	PSA DECEMBER 2018
CAH	UROLOGY	UROLOGY(C)	O'DONOGHUE J P MR		8/08/2016	26/09/2018	1	DARO	PSA DECEMBER 2018

				Personal Information redacted by USI					
CAH	UROLOGY	UROLOGY(C)	GLACKIN A.J MR		08/02/2017	27/09/2018	1	DARO	MRI SEPT 2019
CAH	UROLOGY	UROLOGY(C)	GLACKIN A.J MR		09/05/2018	27/09/2018	1	DARO	CT MARCH 2019
CAH	UROLOGY	UROLOGY(C)	GLACKIN A.J MR		21/01/2018	27/09/2018	1	DARO	PSA AND U+E MARCH 2019
CAH	UROLOGY	UROLOGY(C)	HAYNES M D MR		17/07/2018	28/09/2018	1	DARO	CT DECEMBER 18 & WRITE
CAH	UROLOGY	UROLOGY(C)	YOUNG M MR		14/11/2017	28/09/2018	1	DARO	24 HOUR URINE PER MARK EVANS
CAH	UROLOGY	UROLOGY(C)	YOUNG M MR		07/06/2018	28/09/2018	1	DARO	CT IF OK REV 3 YEARS
CAH	UROLOGY	UROLOGY(C)	GLACKIN A.J MR		23/10/2017	01/10/2018	1	DARO	X2 24 HOUR URINE COLLECTIONS
CAH	UROLOGY	UROLOGY(C)	GLACKIN A.J MR		28/02/2017	01/10/2018	1	DARO	MRI FEB 2019
CAH	UROLOGY	UROLOGY(C)	GLACKIN A.J MR		14/10/2016	01/10/2018	1	DARO	CT SEPT 2019
CAH	UROLOGY	UROLOGY(C)	HAYNES M D MR		21/05/2018	01/10/2018	1	DARO	CT 111018 & WRITE
CAH	UROLOGY	UROLOGY(C)	O'DONOGHUE J P MR		17/05/2018	01/10/2018	1	DARO	BLOODS/CTU
CAH	UROLOGY	UROLOGY(C)	O'DONOGHUE J P MR		24/04/2018	01/10/2018	1	DARO	CTU
CAH	UROLOGY	UROLOGY(C)	O'DONOGHUE J P MR		13/08/2018	01/10/2018	1	DARO	CT RENAL THEN MDT
CAH	UROLOGY	UROLOGY(C)	GLACKIN A.J MR		02/10/2018	02/10/2018	1	DARO	PSA NOV 2018 AND WL
CAH	UROLOGY	UROLOGY(C)	HAYNES M D MR		03/05/2017	02/10/2018	1	DARO	CT SEPT 2019 & WRITE
CAH	UROLOGY	UROLOGY(C)	HAYNES M D MR		06/01/2017	02/10/2018	1	DARO	USS 09/19 & WRITE
CAH	UROLOGY	UROLOGY(C)	HAYNES M D MR		19/09/2018	02/10/2018	1	DARO	CT 2020 & WRITE
CAH	UROLOGY	UROLOGY(C)	HAYNES M D MR		01/08/2017	02/10/2018	1	DARO	USS SEPT 2020 & WRITE
CAH	UROLOGY	UROLOGY(C)	HAYNES M D MR		11/09/2017	02/10/2018	1	DARO	CT FEB 2019 & WRITE
CAH	UROLOGY	UROLOGY(C)	O'DONOGHUE J P MR		11/09/2014	02/10/2018	1	DARO	US TESTES
CAH	UROLOGY	UROLOGY(C)	GLACKIN A.J MR		03/10/2013	03/10/2018	1	DARO	CT SEPT 19
CAH	UROLOGY	UROLOGY(C)	GLACKIN A.J MR		12/12/2014	03/10/2018	1	DARO	MRI
CAH	UROLOGY	UROLOGY(C)	GLACKIN A.J MR		16/12/2013	03/10/2018	1	DARO	PSA jan 2019MRI MAY 2019
CAH	UROLOGY	UROLOGY(C)	GLACKIN A.J MR		08/10/2017	03/10/2018	1	DARO	psa march 2019

				Personal Information redacted by USI					
CAH	UROLOGY	UROLOGY(C)	GLACKIN A.J MR		14/06/2016	03/10/2018	1	DARO	PSA JAN 2019 REVIEW MARCH 2019
CAH	UROLOGY	UROLOGY(C)	GLACKIN A.J MR		11/06/2018	03/10/2018	1	DARO	MAG3 RENOGRAM PER DEREK
CAH	UROLOGY	UROLOGY(C)	GLACKIN A.J MR		14/12/2016	03/10/2018	1	DARO	USS SEPT 19
CAH	UROLOGY	UROLOGY(C)	HAYNES M D MR		06/06/2018	03/10/2018	1	DARO	PSA DEC 18 & WRITE
CAH	UROLOGY	UROLOGY(C)	HAYNES M D MR		07/08/2018	03/10/2018	1	DARO	PSA DEC 18 & MRI JAN 19
CAH	UROLOGY	UROLOGY(C)	HAYNES M D MR		06/10/2016	03/10/2018	1	DARO	PSA JAN 2019 & WRITE
CAH	UROLOGY	UROLOGY(C)	HAYNES M D MR		31/10/2017	03/10/2018	1	DARO	PSA JAN 19 & WRITE
CAH	UROLOGY	UROLOGY(C)	HAYNES M D MR		10/01/2017	03/10/2018	1	DARO	PSA MARCH 2019 & WRITE
CAH	UROLOGY	UROLOGY(C)	HAYNES M D MR		11/02/2015	03/10/2018	1	DARO	PSA DEC 18 & WRITE
CAH	UROLOGY	UROLOGY(C)	HAYNES M D MR		23/09/2018	03/10/2018	1	DARO	MAG 3 RENOGRAM DEC 18
CAH	UROLOGY	UROLOGY(C)	HAYNES M D MR		17/07/2018	03/10/2018	1	DARO	PSA FEB 2019 & WRITE
CAH	UROLOGY	UROLOGY(C)	HAYNES M D MR		06/06/2017	03/10/2018	1	DARO	PSA FEB 2019 & WRITE
CAH	UROLOGY	UROLOGY(C)	HAYNES M D MR		05/09/2017	03/10/2018	1	DARO	PSA DEC 18 & WRITE
CAH	UROLOGY	UROLOGY(C)	HAYNES M D MR		01/08/2018	03/10/2018	1	DARO	CT FEB 2019 & WRITE
CAH	UROLOGY	UROLOGY(C)	HAYNES M D MR		08/08/2018	03/10/2018	1	DARO	PSA DEC 18 & WRITE
CAH	UROLOGY	UROLOGY(C)	HAYNES M D MR		17/07/2018	03/10/2018	1	DARO	PSA JAN 2019 & WRITE
CAH	UROLOGY	UROLOGY(C)	HAYNES M D MR		08/04/2016	04/10/2018	1	DARO	CT SEPT 2019 & WRITE
CAH	UROLOGY	UROLOGY(C)	HAYNES M D MR		11/08/2014	04/10/2018	1	DARO	CT OCTOBER 2019 & WRITE
CAH	UROLOGY	UROLOGY(C)	YOUNG M MR		04/10/2018	04/10/2018	1	DARO	REDISCUSS STONE MDT 131218
CAH	UROLOGY	UROLOGY(C)	YOUNG M MR		18/09/2018	04/10/2018	1	DARO	FURTHER IMAGING & DISCUSS MDT
CAH	UROLOGY	UROLOGY(C)	YOUNG M MR		18/09/2018	04/10/2018	1	DARO	FURTHER IMAGING & DISCUSS MDT
CAH	UROLOGY	UROLOGY(C)	YOUNG M MR		04/10/2018	04/10/2018	1	DARO	CT PER MY STONE MDT
CAH	UROLOGY	UROLOGY(C)	YOUNG M MR		20/04/2018	04/10/2018	1	DARO	TO BE REDISCUSSED MDT 101018
CAH	UROLOGY	UROLOGY(C)	YOUNG M MR		19/09/2018	04/10/2018	1	DARO	USS DHH PER MY STONE MDT

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CAH	UROLOGY	UROLOGY(C)	YOUNG M MR		09/2018	04/10/2018	1	DARO	USS DHH PER MY STONE MDT
CAH	UROLOGY	UROLOGY(C)	GLACKIN A.J MR		09/2017	05/10/2018	1	DARO	CT OCT 2019
CAH	UROLOGY	UROLOGY(C)	GLACKIN A.J MR		03/2013	05/10/2018	1	DARO	PSA JAN 19 REV JUNE 2019
CAH	UROLOGY	UROLOGY(C)	GLACKIN A.J MR		04/2017	05/10/2018	1	DARO	uss april 2019
CAH	UROLOGY	UROLOGY(C)	GLACKIN A.J MR		03/2017	05/10/2018	1	DARO	PSA FEB 2019
CAH	UROLOGY	UROLOGY(C)	GLACKIN A.J MR		08/2018	05/10/2018	1	DARO	PSA MARCH 2019
CAH	UROLOGY	UROLOGY(C)	GLACKIN A.J MR		03/2018	05/10/2018	1	DARO	mag 3 renogram and uss dec 18
CAH	UROLOGY	UROLOGY(C)	GLACKIN A.J MR		06/2017	05/10/2018	1	DARO	PSA JAN 2019
CAH	UROLOGY	UROLOGY(C)	HAYNES M D MR		10/2016	05/10/2018	1	DARO	USS OCT 2019 & WRITE
CAH	UROLOGY	UROLOGY(C)	GLACKIN A.J MR		10/2018	06/10/2018	1	DARO	CT DEC 2018
CAH	UROLOGY	UROLOGY(C)	GLACKIN A.J MR		09/2018	08/10/2018	1	DARO	CT MARCH 2019
CAH	UROLOGY	UROLOGY(C)	GLACKIN A.J MR		08/2013	08/10/2018	1	DARO	AW DR HULL APP ?F/U AFTER
CAH	UROLOGY	UROLOGY(C)	GLACKIN A.J MR		07/2018	08/10/2018	1	DARO	MRI
CAH	UROLOGY	UROLOGY(C)	GLACKIN A.J MR		08/2017	08/10/2018	1	DARO	CT SCAN MARCH 2019
CAH	UROLOGY	UROLOGY(C)	GLACKIN A.J MR		09/2018	08/10/2018	1	DARO	U+E and CT March 2019
CAH	UROLOGY	UROLOGY(C)	GLACKIN A.J MR		11/2013	08/10/2018	1	DARO	USS
CAH	UROLOGY	UROLOGY(C)	HAYNES M D MR		01/2015	08/10/2018	1	DARO	PSA JAN 2019 & WRITE
CAH	UROLOGY	UROLOGY(C)	HAYNES M D MR		12/2015	08/10/2018	1	DARO	PSA MARCH 2019 & WRITE
CAH	UROLOGY	UROLOGY(C)	HAYNES M D MR		01/2017	08/10/2018	1	DARO	PSA MARCH 2019 & WRITE
CAH	UROLOGY	UROLOGY(C)	HAYNES M D MR		03/2016	08/10/2018	1	DARO	PSA MARCH 2019 & WRITE
CAH	UROLOGY	UROLOGY(C)	HAYNES M D MR		05/2018	08/10/2018	1	DARO	CT CAP OCT 2020 & WRITE
CAH	UROLOGY	UROLOGY(C)	HAYNES M D MR		01/2018	08/10/2018	1	DARO	PSA 03/19 & USS JUNE 2019
CAH	UROLOGY	UROLOGY(C)	HAYNES M D MR		03/2015	08/10/2018	1	DARO	PSA JAN 2019 & WRITE
CAH	UROLOGY	UROLOGY(C)	HAYNES M D MR		12/2016	08/10/2018	1	DARO	PSA SEPT 2019 & WRITE

CAH	UROLOGY	UROLOGY(C)	HAYNES M	[redacted]	08/2018	08/10/2018	1	DARO	USS APRIL 2019 & WRITE
CAH	UROLOGY	UROLOGY(C)	HAYNES M		2/2017	08/10/2018	1	DARO	PSA MARCH 2019 & WRITE
CAH	UROLOGY	UROLOGY(C)	HAYNES M		1/2016	08/10/2018	1	DARO	PSA SEPT 2019 & WRITE
CAH	UROLOGY	UROLOGY(C)	HAYNES M		9/2017	08/10/2018	1	DARO	PSA DEC 18 & WRITE
CAH	UROLOGY	UROLOGY(C)	HAYNES M		/2017	08/10/2018	1	DARO	PSA DEC 2018 & WRITE
CAH	UROLOGY	UROLOGY(C)	HAYNES M D		7/2016	08/10/2018	1	DARO	PSA JAN 2019 & WRITE
CAH	UROLOGY	UROLOGY(C)	HAYNES M D		2018	08/10/2018	1	DARO	PSA JAN 2019 & WRITE
CAH	UROLOGY	UROLOGY(C)	HAYNES M D		2016	08/10/2018	1	DARO	PSA APRIL 2019 & WRITE
CAH	UROLOGY	UROLOGY(C)	HAYNES M D		017	08/10/2018	1	DARO	PSA APRIL 2019 & WRITE
CAH	UROLOGY	UROLOGY(C)	HAYNES M D M		017	08/10/2018	1	DARO	PSA DEC 2018 & WRITE
CAH	UROLOGY	UROLOGY(C)	HAYNES M D M		018	08/10/2018	1	DARO	PSA JAN 2019 & WRITE
CAH	UROLOGY	UROLOGY(C)	HAYNES M D M		18	08/10/2018	1	DARO	PSA APRIL 2019 PER SABA
CAH	UROLOGY	UROLOGY(C)	HAYNES M D MR		17	08/10/2018	1	DARO	PSA DEC 2018 & WRITE
CAH	UROLOGY	UROLOGY(C)	O'DONOGHUE J		7	08/10/2018	1	DARO	PSA MARCH 2019 & WRITE
CAH	UROLOGY	UROLOGY(C)	YOUNG M MR		7	08/10/2018	1	DARO	PSA/CT THEN DIS TO WL
CAH	UROLOGY	UROLOGY(C)	YOUNG M MR		8	08/10/2018	1	DARO	AWAIT USS RESULTS
CAH	UROLOGY	UROLOGY(C)	GLACKIN A J MR			08/10/2018	1	DARO	AWAIT PSA RESULT
CAH	UROLOGY	UROLOGY(C)	GLACKIN A J MR			09/10/2018	1	DARO	MRI
CAH	UROLOGY	UROLOGY(C)	HAYNES M D MR			09/10/2018	1	DARO	BLOODS 0219 REV 1019 UO/STH
CAH	UROLOGY	UROLOGY(C)	HAYNES M D MR			09/10/2018	1	DARO	PSA FEB 2019 & WRITE
CAH	UROLOGY	UROLOGY(C)	HAYNES M D MR			09/10/2018	1	DARO	PSA APRIL 2019 & WRITE
CAH	UROLOGY	UROLOGY(C)	HAYNES M D MR			09/10/2018	1	DARO	CT OCT 2019 & WRITE
CAH	UROLOGY	UROLOGY(C)	HAYNES M D MR			09/10/2018	1	DARO	PSA DEC 18 & WRITE
CAH	UROLOGY	UROLOGY(C)	HAYNES M D MR			09/10/2018	1	DARO	CT OCT 2019 & WRITE

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				Personal Information redacted by USI					
CAH	UROLOGY	UROLOGY(C)	JACOB T MR		8/06/2018	09/10/2018	1	DARO	USS URINARY TRACTS
CAH	UROLOGY	UROLOGY(C)	GLACKIN A.J MR		7/10/2015	10/10/2018	1	DARO	CHEST X-RAY AND USS OCT 2019
CAH	UROLOGY	UROLOGY(C)	GLACKIN A.J MR		4/05/2018	10/10/2018	1	DARO	PSA JAN 2019
CAH	UROLOGY	UROLOGY(C)	HAYNES M D MR		7/07/2018	10/10/2018	1	DARO	CT CHEST 11/18 & WRITE
CAH	UROLOGY	UROLOGY(C)	HAYNES M D MR		/05/2018	10/10/2018	1	DARO	DMSA RENOGRAM & WRITE
CAH	UROLOGY	UROLOGY(C)	HAYNES M D MR		6/06/2016	10/10/2018	1	DARO	CT CAP 12/18 & PSA 04/19
CAH	UROLOGY	UROLOGY(C)	HAYNES M D MR		/01/2017	10/10/2018	1	DARO	PSA JAN 2019 & WRITE
CAH	UROLOGY	UROLOGY(C)	HAYNES M D MR		/06/2018	10/10/2018	1	DARO	AW PT CONTACT IF NO2/12 DIS
CAH	UROLOGY	UROLOGY(C)	HAYNES M D MR		/11/2016	10/10/2018	1	DARO	PSA FEB 2019 & WRITE
CAH	UROLOGY	UROLOGY(C)	HAYNES M D MR		/08/2015	10/10/2018	1	DARO	PSA FEB 2019 & WRITE
CAH	UROLOGY	UROLOGY(C)	HAYNES M D MR		/03/2017	10/10/2018	1	DARO	PSA JAN 2019 & WRITE
CAH	UROLOGY	UROLOGY(C)	JACOB T MR		/04/2018	10/10/2018	1	DARO	USS JAN/FEB 2019
CAH	UROLOGY	NURSE LED UROLOGY(N)	NURSE LED CLINICS		06/2018	11/10/2018	1	DARO	PSA JAN 19 & D/C WITH JOD
CAH	UROLOGY	UROLOGY(C)	GLACKIN A.J MR		07/2017	11/10/2018	1	DARO	PSA APRIL 2019
CAH	UROLOGY	UROLOGY(C)	GLACKIN A.J MR		05/2018	11/10/2018	1	DARO	x-ray OCT 2019
CAH	UROLOGY	UROLOGY(C)	GLACKIN A.J MR		03/2018	11/10/2018	1	DARO	PSA JAN 2019
CAH	UROLOGY	UROLOGY(C)	GLACKIN A.J MR		10/2018	11/10/2018	1	DARO	PSA NOV 18 REV AUG 19
CAH	UROLOGY	UROLOGY(C)	GLACKIN A.J MR		10/2017	11/10/2018	1	DARO	CT OCT 2019
CAH	UROLOGY	UROLOGY(C)	HAYNES M D MR		09/2018	11/10/2018	1	DARO	HISTOLOGY @ MDM
CAH	UROLOGY	UROLOGY(C)	O'DONOGHUE J P MR		08/2018	11/10/2018	1	DARO	CT MARCH 19 AND FLEXI
CAH	UROLOGY	UROLOGY(C)	YOUNG M MR		10/2018	11/10/2018	1	DARO	CT DHH PER MY STONE MDT
CAH	UROLOGY	UROLOGY(C)	YOUNG M MR		0/2018	11/10/2018	1	DARO	CT DHH PER MY STONE MDT
CAH	UROLOGY	UROLOGY(C)	GLACKIN A.J MR		6/2018	12/10/2018	1	DARO	bloods and write april 2019
CAH	UROLOGY	UROLOGY(C)	GLACKIN A.J MR		5/2013	12/10/2018	1	DARO	CT OCT 2019

				Personal Information redacted by USI					
CAH	UROLOGY	UROLOGY(C)	HAYNES M D MR		26/08/2018	12/10/2018	1	DARO	CT KUB & WRITE
CAH	UROLOGY	UROLOGY(C)	HAYNES M D MR		23/08/2018	12/10/2018	1	DARO	USS PELVIS
CAH	UROLOGY	UROLOGY(C)	YOUNG M MR		2/10/2018	12/10/2018	1	DARO	REDICUSS STONE MDT NOV 18
CAH	UROLOGY	UROLOGY(C)	YOUNG M MR		2/10/2018	12/10/2018	1	DARO	AWAIT USS RESULTS
CAH	UROLOGY	UROLOGY(C)	O'DONOGHUE J P MR		8/05/2016	13/10/2018	1	DARO	MRI OCTOBER 2019
CAH	UROLOGY	UROLOGY(C)	O'DONOGHUE J P MR		0/12/2016	13/10/2018	1	DARO	MDT
CAH	UROLOGY	UROLOGY(C)	O'DONOGHUE J P MR		3/10/2018	13/10/2018	1	DARO	CT JAN 19
CAH	UROLOGY	UROLOGY(C)	O'DONOGHUE J P MR		0/03/2017	13/10/2018	1	DARO	MRI OCTOBER 2019
CAH	UROLOGY	UROLOGY(C)	O'DONOGHUE J P MR		7/03/2018	13/10/2018	1	DARO	CT ABDOMEN OCT 2019
CAH	UROLOGY	UROLOGY(C)	O'BRIEN A MR		4/10/2018	14/10/2018	1	DARO	USS AND MAG3 RENOGRAM- 04/19
CAH	UROLOGY	UROLOGY(C)	O'DONOGHUE J P MR		4/10/2018	14/10/2018	1	DARO	MRI
CAH	UROLOGY	UROLOGY(C)	GLACKIN A J MR		2/08/2017	15/10/2018	1	DARO	BLADDER DIARY PER AJG
CAH	UROLOGY	UROLOGY(C)	HAYNES M D MR		3/08/2018	15/10/2018	1	DARO	CT CAP MARCH 2019 & WRITE
CAH	UROLOGY	UROLOGY(C)	HAYNES M D MR		3/06/2018	15/10/2018	1	DARO	USS SEPT 2019 & WRITE
CAH	UROLOGY	UROLOGY(C)	HAYNES M D MR		0/11/2015	15/10/2018	1	DARO	USS OCT 2019 7 WRITE
CAH	UROLOGY	UROLOGY(C)	HAYNES M D MR		6/04/2018	15/10/2018	1	DARO	PSA DEC 2018 & WRITE
CAH	UROLOGY	UROLOGY(C)	HAYNES M D MR		6/09/2014	15/10/2018	1	DARO	PSA JAN 2019 & WRITE
CAH	UROLOGY	UROLOGY(C)	HAYNES M D MR		5/12/2017	15/10/2018	1	DARO	PLAIN FILM OCT 2019 & WRITE
CAH	UROLOGY	UROLOGY(C)	HAYNES M D MR		0/12/2014	15/10/2018	1	DARO	MRI DEC 18 & PSA FEB 19
CAH	UROLOGY	UROLOGY(C)	HAYNES M D MR		8/01/2017	15/10/2018	1	DARO	AW PT CONTACT IF NO 2/12 DIS
CAH	UROLOGY	UROLOGY(C)	HAYNES M D MR		3/03/2018	15/10/2018	1	DARO	PSA APRIL 19 & WRITE
CAH	UROLOGY	UROLOGY(C)	HAYNES M D MR		0/10/2017	15/10/2018	1	DARO	PSA JAN 19 & WRITE
CAH	UROLOGY	UROLOGY(C)	HAYNES M D MR		6/06/2017	15/10/2018	1	DARO	CT FEB 2019 & WRITE
CAH	UROLOGY	UROLOGY(C)	HAYNES M D MR		2/09/2016	15/10/2018	1	DARO	PSA JAN 19 & WRITE

				Personal Information redacted by USI					
CAH	UROLOGY	UROLOGY(C)	O'DONOGHUE J P MR		14/10/2015	15/10/2018	1	DARO	MRI JUNE 2019
CAH	UROLOGY	UROLOGY(C)	GLACKIN A.J MR		03/09/2018	16/10/2018	1	DARO	MRI ? TRUS BX
CAH	UROLOGY	UROLOGY(C)	GLACKIN A.J MR		14/02/2013	16/10/2018	1	DARO	ct oct 2019
CAH	UROLOGY	UROLOGY(C)	GLACKIN A.J MR		10/07/2012	16/10/2018	1	DARO	PSA APRIL 2019 REV OCT 19
CAH	UROLOGY	UROLOGY(C)	GLACKIN A.J MR		24/02/2016	16/10/2018	1	DARO	PSA APRIL 2019
CAH	UROLOGY	UROLOGY(C)	GLACKIN A.J MR		20/10/2017	16/10/2018	1	DARO	CT OCT 2019
CAH	UROLOGY	UROLOGY(C)	GLACKIN A.J MR		04/04/2017	16/10/2018	1	DARO	BLADDER DIARY, PSA JAN 2019
CAH	UROLOGY	UROLOGY(C)	GLACKIN A.J MR		15/07/2014	16/10/2018	1	DARO	PSA JAN 2019 REV OCT 2019
CAH	UROLOGY	UROLOGY(C)	GLACKIN A.J MR		27/02/2017	16/10/2018	1	DARO	PSA JAN 19 REV APRIL 2019
CAH	UROLOGY	UROLOGY(C)	GLACKIN A.J MR		10/07/2018	16/10/2018	1	DARO	CT NOV 2018
CAH	UROLOGY	UROLOGY(C)	HAYNES M D MR		02/10/2018	16/10/2018	1	DARO	CT CHEST JAN 2019
CAH	UROLOGY	UROLOGY(C)	HAYNES M D MR		12/11/2014	16/10/2018	1	DARO	PSA FEB 2019 & WRITE
CAH	UROLOGY	UROLOGY(C)	HAYNES M D MR		16/10/2015	16/10/2018	1	DARO	CT SEPT 2019 & WRITE
CAH	UROLOGY	UROLOGY(C)	HAYNES M D MR		24/11/2017	16/10/2018	1	DARO	CT FEB 2019 & WRITE
CAH	UROLOGY	UROLOGY(C)	HAYNES M D MR		26/10/2016	16/10/2018	1	DARO	CT OCTOBER 2019 & WRITE
CAH	UROLOGY	UROLOGY(C)	HAYNES M D MR		22/08/2016	16/10/2018	1	DARO	CT CHEST 11/18 & CT CAP AUG 19
CAH	UROLOGY	UROLOGY(C)	O'BRIEN A MR		16/10/2018	16/10/2018	1	DARO	MAG 3 RENOGRAM POST DISCHARGE
CAH	UROLOGY	UROLOGY(C)	O'DONOGHUE J P MR		16/10/2018	16/10/2018	1	DARO	STONE MDT
STH	UROLOGY	UROLOGY(C)	GLACKIN A.J MR		14/10/2013	16/10/2018	1	DARO	PSA APR 19 REV STH DEC 2019
CAH	UROLOGY	NURSE LED UROLOGY(N)	NURSE LED UROLOGY		17/10/2018	17/10/2018	1	DARO	BLADDER DIARY PER JENNY
CAH	UROLOGY	UROLOGY(C)	GLACKIN A.J MR		09/04/2018	17/10/2018	1	DARO	CT SCAN
CAH	UROLOGY	UROLOGY(C)	GLACKIN A.J MR		03/09/2018	17/10/2018	1	DARO	PSA DEC 2018 PER AJG
CAH	UROLOGY	UROLOGY(C)	GLACKIN A.J MR		25/07/2014	17/10/2018	1	DARO	awailing patient contact
CAH	UROLOGY	UROLOGY(C)	HAYNES M D MR		20/03/2018	17/10/2018	1	DARO	PSA FEB 2019 & WRITE

				Personal Information redacted by USI					
CAH	UROLOGY	UROLOGY(C)	HAYNES M D MR		24/01/2017	17/10/2018	1	DARO	PSA JAN 2019 & WRITE
CAH	UROLOGY	UROLOGY(C)	HAYNES M D MR		29/03/2017	17/10/2018	1	DARO	PSA JAN 2019 & WRITE
CAH	UROLOGY	UROLOGY(C)	HAYNES M D MR		6/05/2018	17/10/2018	1	DARO	PSA FEB 2019 & WRITE
CAH	UROLOGY	UROLOGY(C)	HAYNES M D MR		1/10/2016	17/10/2018	1	DARO	CT APRIL 2019 & WRITE
CAH	UROLOGY	UROLOGY(C)	HAYNES M D MR		3/07/2017	17/10/2018	1	DARO	PSA OCT 2019 & WRITE
CAH	UROLOGY	UROLOGY(C)	HAYNES M D MR		8/03/2017	17/10/2018	1	DARO	PSA JAN 2019 & WRITE
CAH	UROLOGY	UROLOGY(C)	HAYNES M D MR		7/10/2018	17/10/2018	1	DARO	PSA JAN 2019 & WRITE
CAH	UROLOGY	UROLOGY(C)	HAYNES M D MR		1/09/2018	17/10/2018	1	DARO	PSA DEC 2018 & WRITE
CAH	UROLOGY	UROLOGY(C)	HAYNES M D MR		4/08/2016	17/10/2018	1	DARO	PSA APRIL 2019 & WRITE
CAH	UROLOGY	UROLOGY(C)	HAYNES M D MR		2/09/2017	17/10/2018	1	DARO	PSA JAN 2019 & WRITE
CAH	UROLOGY	UROLOGY(C)	HAYNES M D MR		23/01/2015	17/10/2018	1	DARO	PSA JAN 2019 & WRITE
CAH	UROLOGY	UROLOGY(C)	JACOB T MR		4/11/2016	17/10/2018	1	DARO	SEMEN ANALYSIS 2ND LTR
CAH	UROLOGY	UROLOGY(C)	JACOB T MR		7/12/2013	17/10/2018	1	DARO	SEMEN ANALYSIS 2ND LTR
CAH	UROLOGY	UROLOGY(C)	JACOB T MR		5/03/2017	17/10/2018	1	DARO	SEMEN ANALYSIS 2ND LTR
CAH	UROLOGY	UROLOGY(C)	JACOB T MR		24/01/2017	17/10/2018	1	DARO	SEMEN ANALYSIS 2ND LTR
CAH	UROLOGY	UROLOGY(C)	JACOB T MR		9/09/2017	17/10/2018	1	DARO	SEMEN ANALYSIS 2ND LTR
CAH	UROLOGY	UROLOGY(C)	O'DONOGHUE J P MR		7/10/2018	17/10/2018	1	DARO	MAG 3 ME
CAH	UROLOGY	UROLOGY(C)	O'DONOGHUE J P MR		7/10/2018	17/10/2018	1	DARO	CT CHEST JAN 19 ME
CAH	UROLOGY	UROLOGY(C)	GLACKIN A.J MR		6/05/2016	18/10/2018	1	DARO	psa oct 2019
CAH	UROLOGY	UROLOGY(C)	GLACKIN A.J MR		20/01/2017	18/10/2018	1	DARO	U+E MAY 19, uss june 2019
CAH	UROLOGY	UROLOGY(C)	GLACKIN A.J MR		28/02/2018	18/10/2018	1	DARO	PSA APRIL 2019
CAH	UROLOGY	UROLOGY(C)	GLACKIN A.J MR		2/09/2017	18/10/2018	1	DARO	PLAIN X-RAY OCT 19
CAH	UROLOGY	UROLOGY(C)	GLACKIN A.J MR		24/01/2018	18/10/2018	1	DARO	CT OCT 2019
CAH	UROLOGY	UROLOGY(C)	GLACKIN A.J MR		4/04/2016	18/10/2018	1	DARO	CT OCT 2019

CAH	UROLOGY	UROLOGY(C)	GLACKIN A.J MR	Personal Information redacted by USI	3/09/2017	18/10/2018	1	DARO	PSA APRIL 2019
CAH	UROLOGY	UROLOGY(C)	HAYNES M D MR		8/05/2018	18/10/2018	1	DARO	CT FEB 19 & WRITE
CAH	UROLOGY	UROLOGY(C)	HAYNES M D MR		5/10/2016	18/10/2018	1	DARO	PSA APRIL 19 & WRITE
CAH	UROLOGY	UROLOGY(C)	HAYNES M D MR		4/07/2018	18/10/2018	1	DARO	INDIRECT MCUG & WRITE
CAH	UROLOGY	UROLOGY(C)	HAYNES M D MR		1/08/2018	18/10/2018	1	DARO	CT RENAL MARCH 19 & WRITE
CAH	UROLOGY	UROLOGY(C)	JACOB T MR		5/12/2017	18/10/2018	1	DARO	CT UROGRAM
CAH	UROLOGY	UROLOGY(C)	O'BRIEN A MR		4/06/2018	18/10/2018	1	DARO	USS APRIL 19 PER SABA
CAH	UROLOGY	UROLOGY(C)	O'DONOGHUE J P MR		1/08/2018	18/10/2018	1	DARO	TRUS
CAH	UROLOGY	UROLOGY(C)	O'DONOGHUE J P MR		/07/2018	18/10/2018	1	DARO	RF CT SH
CAH	UROLOGY	UROLOGY(C)	YOUNG M MR		6/06/2018	18/10/2018	1	DARO	AWAIT CTU & MAG 3 RESULTS
CAH	UROLOGY	UROLOGY(C)	YOUNG M MR		/06/2012	18/10/2018	1	DARO	CT &STC MDT DEC18 PER MY
CAH	UROLOGY	UROLOGY(C)	YOUNG M MR		6/09/2018	18/10/2018	1	DARO	CT SWAH NOV18 RV STC MDT
CAH	UROLOGY	UROLOGY(C)	YOUNG M MR		/09/2018	18/10/2018	1	DARO	CT SWAH REDISCUSS MDT PER MY
CAH	UROLOGY	UROLOGY(C)	YOUNG M MR		/10/2018	18/10/2018	1	DARO	XRAY DHH PER MY STONE MDT
STH	UROLOGY	UROLOGY(C)	GLACKIN A.J MR		/06/2011	18/10/2018	1	DARO	PSA APRIL 2019
CAH	UROLOGY	UROLOGY(C)	GLACKIN A.J MR		/05/2018	19/10/2018	1	DARO	PSA APRIL 2019
CAH	UROLOGY	UROLOGY(C)	GLACKIN A.J MR		/03/2014	19/10/2018	1	DARO	CT SEPT 2019
CAH	UROLOGY	UROLOGY(C)	GLACKIN A.J MR		03/2016	19/10/2018	1	DARO	PSA JAN 2019 REV MAY 2019
CAH	UROLOGY	UROLOGY(C)	GLACKIN A.J MR		06/2018	19/10/2018	1	DARO	PSA APRIL 2019
CAH	UROLOGY	UROLOGY(C)	HAYNES M D MR		02/2018	19/10/2018	1	DARO	USS OCT 2019 & WRITE
CAH	UROLOGY	UROLOGY(C)	HAYNES M D MR		07/2018	19/10/2018	1	DARO	CT JAN 2019 +/- PROCEDURE
CAH	UROLOGY	UROLOGY(C)	HAYNES M D MR		10/2017	19/10/2018	1	DARO	USS JUNE 2019 & WRITE
CAH	UROLOGY	UROLOGY(C)	HAYNES M D MR		11/2015	19/10/2018	1	DARO	PSA JAN 2019 & WRITE
CAH	UROLOGY	UROLOGY(C)	HAYNES M D MR		09/2018	19/10/2018	1	DARO	CT MARCH 2019 & WRITE

				Personal Information redacted by USI					
CAH	UROLOGY	UROLOGY(C)	HAYNES M D MR		09/2017	19/10/2018	1	DARO	PSA DECEMBER 2018 & WRITE
CAH	UROLOGY	UROLOGY(C)	YOUNG M MR		11/2016	19/10/2018	1	DARO	AWAIT CT SCAN RESULTS
CAH	UROLOGY	UROLOGY(C)	YOUNG M MR		02/2013	19/10/2018	1	DARO	AWAIT USS & STONE MDT
CAH	UROLOGY	UROLOGY(C)	O'DONOGHUE J P MR		10/2018	20/10/2018	1	DARO	PSA CHECK THEN REV AFTER ANTIB
CAH	UROLOGY	UROLOGY(C)	GLACKIN A.J MR		07/2018	22/10/2018	1	DARO	ct and bone scan
CAH	UROLOGY	UROLOGY(C)	GLACKIN A.J MR		01/2017	22/10/2018	1	DARO	AWAIT ECR APPROVAL
CAH	UROLOGY	UROLOGY(C)	GLACKIN A.J MR		03/2018	22/10/2018	1	DARO	PSA DEC 2018 AND CT OCT 19
CAH	UROLOGY	UROLOGY(C)	HAYNES M D MR		09/2018	22/10/2018	1	DARO	PSA JAN 19 & WRITE
CAH	UROLOGY	UROLOGY(C)	HAYNES M D MR		09/2018	22/10/2018	1	DARO	CT APRIL 2019 & WRITE
CAH	UROLOGY	UROLOGY(C)	O'DONOGHUE J P MR		08/2018	22/10/2018	1	DARO	US OCT 19
CAH	UROLOGY	UROLOGY(C)	O'DONOGHUE J P MR		08/2018	22/10/2018	1	DARO	CT SABA
CAH	UROLOGY	UROLOGY(C)	GLACKIN A.J MR		04/2018	23/10/2018	1	DARO	MRI SEPT 19 PER AJG
CAH	UROLOGY	UROLOGY(C)	GLACKIN A.J MR		10/2015	23/10/2018	1	DARO	LH, FSH, PROLACTONE WRITE
CAH	UROLOGY	UROLOGY(C)	GLACKIN A.J MR		12/2015	23/10/2018	1	DARO	U&E & USS DEC 18 REV OCT 19
CAH	UROLOGY	UROLOGY(C)	GLACKIN A.J MR		03/2017	23/10/2018	1	DARO	USS PER AJG CLINIC LETTER
CAH	UROLOGY	UROLOGY(C)	GLACKIN A.J MR		10/2018	23/10/2018	1	DARO	semenalysis jan 2019
CAH	UROLOGY	UROLOGY(C)	GLACKIN A.J MR		02/2012	23/10/2018	1	DARO	PSA MARCH 19 & REV 2 YEARS
CAH	UROLOGY	UROLOGY(C)	GLACKIN A.J MR		02/2016	23/10/2018	1	DARO	CT PER AJG CLINIC LETTER
CAH	UROLOGY	UROLOGY(C)	HAYNES M D MR		09/2018	23/10/2018	1	DARO	CT THEN DISCUSS WTIH BELFAST
CAH	UROLOGY	UROLOGY(C)	HAYNES M D MR		06/2017	23/10/2018	1	DARO	PSA FEB 2019 & WRITE
CAH	UROLOGY	UROLOGY(C)	HAYNES M D MR		04/2016	23/10/2018	1	DARO	CT OCTOBER 2019 & WRITE
CAH	UROLOGY	UROLOGY(C)	JACOB T MR		04/2018	23/10/2018	1	DARO	DMSA
CAH	UROLOGY	UROLOGY(C)	JACOB T MR		06/2018	23/10/2018	1	DARO	CT UROGRAM
CAH	UROLOGY	UROLOGY(C)	JACOB T MR		06/2018	23/10/2018	1	DARO	CT URINARY TRACT

				Personal Information redacted by USI					
CAH	UROLOGY	UROLOGY(C)	O'BRIEN A MR		2/07/2018	23/10/2018	1	DARO	PSA AND MSSU - JENNY MCMAHON
CAH	UROLOGY	UROLOGY(C)	O'DONOGHUE J P MR		5/09/2018	23/10/2018	1	DARO	STONE MDT
CAH	UROLOGY	UROLOGY(C)	GLACKIN A.J MR		5/09/2014	24/10/2018	1	DARO	CT OCT 19
CAH	UROLOGY	UROLOGY(C)	GLACKIN A.J MR		8/09/2017	24/10/2018	1	DARO	PLAIN FILM OCT 2019
CAH	UROLOGY	UROLOGY(C)	GLACKIN A.J MR		8/05/2018	24/10/2018	1	DARO	USS JUNE 2019
CAH	UROLOGY	UROLOGY(C)	GLACKIN A.J MR		0/04/2015	24/10/2018	1	DARO	X-RAY OCT 19
CAH	UROLOGY	UROLOGY(C)	GLACKIN A.J MR		1/09/2018	24/10/2018	1	DARO	PSA APRIL 2019
CAH	UROLOGY	UROLOGY(C)	GLACKIN A.J MR		2/05/2018	24/10/2018	1	DARO	BLOODS & URGENT CT PER M EVANS
CAH	UROLOGY	UROLOGY(C)	GLACKIN A.J MR		6/10/2015	24/10/2018	1	DARO	USS JAN 2019
CAH	UROLOGY	UROLOGY(C)	GLACKIN A.J MR		5/06/2018	24/10/2018	1	DARO	PSA JAN 2019
CAH	UROLOGY	UROLOGY(C)	HAYNES M D MR		4/10/2018	24/10/2018	1	DARO	CT KUB OCT 19 PER MARK EVANS
CAH	UROLOGY	UROLOGY(C)	HAYNES M D MR		4/01/2016	24/10/2018	1	DARO	PSA JAN 2019 & WRITE
CAH	UROLOGY	UROLOGY(C)	HAYNES M D MR		4/01/2017	24/10/2018	1	DARO	PSA FEB 2019 & WRITE
CAH	UROLOGY	UROLOGY(C)	HAYNES M D MR		9/08/2017	24/10/2018	1	DARO	USS 10/19 & WRITE
CAH	UROLOGY	UROLOGY(C)	JACOB T MR		5/06/2018	24/10/2018	1	DARO	USS RENAL TRACTS/REV APRIL 19
CAH	UROLOGY	UROLOGY(C)	JACOB T MR		5/09/2018	24/10/2018	1	DARO	TRUS BX
CAH	UROLOGY	UROLOGY(C)	O'DONOGHUE J P MR		9/05/2018	24/10/2018	1	DARO	MDT RECONSTRUCTION
CAH	UROLOGY	UROLOGY(C)	O'DONOGHUE J P MR		4/10/2018	24/10/2018	1	DARO	TO HEAR FROM PAT RE PROCEDURE
CAH	UROLOGY	UROLOGY(C)	GLACKIN A.J MR		0/11/2017	25/10/2018	1	DARO	PSA APRIL 2019
CAH	UROLOGY	UROLOGY(C)	GLACKIN A.J MR		4/06/2014	25/10/2018	1	DARO	PSA DEC 18 REV JAN 19
CAH	UROLOGY	UROLOGY(C)	HAYNES M D MR		9/10/2018	25/10/2018	1	DARO	CT DEC 18 & WRITE
CAH	UROLOGY	UROLOGY(C)	JACOB T MR		6/02/2017	25/10/2018	1	DARO	CT CAP FEB/MARCH 19&REV OCT 19
CAH	UROLOGY	UROLOGY(C)	JACOB T MR		1/09/2018	25/10/2018	1	DARO	MRI MAY 2019 & REVIEW
CAH	UROLOGY	UROLOGY(C)	YOUNG M MR		0/10/2018	25/10/2018	1	DARO	CT PER JOD STONE MDT LETTER

				Personal Information redacted by USI					
CAH	UROLOGY	UROLOGY(C)	YOUNG M MR		13/10/2018	25/10/2018	1	DARO	CT PER JOD STONE MDT
CAH	UROLOGY	UROLOGY(C)	YOUNG M MR		12/10/2018	25/10/2018	1	DARO	XRAY USS & STONE MDT JOD
CAH	UROLOGY	UROLOGY(C)	YOUNG M MR		25/10/2018	25/10/2018	1	DARO	CT & STONE MDT PER JOD
CAH	UROLOGY	UROLOGY(C)	YOUNG M MR		13/07/2018	25/10/2018	1	DARO	CT & STONE MDT PER JOD
CAH	UROLOGY	UROLOGY(C)	YOUNG M MR		06/07/2018	25/10/2018	1	DARO	XRAY & STONE MDT PER JOD
CAH	UROLOGY	UROLOGY(C)	GLACKIN A.J MR		29/08/2018	26/10/2018	1	DARO	aw pt contact 6wks then dis
CAH	UROLOGY	UROLOGY(C)	HAYNES M D MR		03/09/2018	26/10/2018	1	DARO	USS TESTES (DH)
CAH	UROLOGY	UROLOGY(C)	HAYNES M D MR		19/09/2018	26/10/2018	1	DARO	CT & WRITE (DH)
CAH	UROLOGY	UROLOGY(C)	O'BRIEN A MR		24/12/2016	26/10/2018	1	DARO	MAG 3 RENOGRAM - DEREK
CAH	UROLOGY	UROLOGY(C)	O'BRIEN A MR		25/02/2015	26/10/2018	1	DARO	USS SCAN - AOB
CAH	UROLOGY	UROLOGY(C)	GLACKIN A.J MR		10/08/2018	29/10/2018	1	DARO	CT JAN 19 & REV PER AJG
CAH	UROLOGY	UROLOGY(C)	GLACKIN A.J MR		10/11/2017	29/10/2018	1	DARO	MRI LIVER THEN MDT PER AJG
CAH	UROLOGY	UROLOGY(C)	HAYNES M D MR		29/12/2015	29/10/2018	1	DARO	PSA APRIL 19 & WRITE
CAH	UROLOGY	UROLOGY(C)	HAYNES M D MR		23/04/2013	29/10/2018	1	DARO	PSA FEB 2019 & WRITE
CAH	UROLOGY	UROLOGY(C)	HAYNES M D MR		06/12/2016	29/10/2018	1	DARO	PSA APRIL 2019 & WRITE
CAH	UROLOGY	UROLOGY(C)	HAYNES M D MR		12/09/2009	29/10/2018	1	DARO	CT & WRITE
CAH	UROLOGY	UROLOGY(C)	HAYNES M D MR		07/07/2011	29/10/2018	1	DARO	PSA JAN 2019 & WRITE
CAH	UROLOGY	UROLOGY(C)	HAYNES M D MR		15/01/2018	29/10/2018	1	DARO	PSA JAN 19 & MRI JAN 19
CAH	UROLOGY	UROLOGY(C)	HAYNES M D MR		09/07/2018	29/10/2018	1	DARO	PSA APRIL 19 & WRITE
CAH	UROLOGY	UROLOGY(C)	HAYNES M D MR		28/02/2017	29/10/2018	1	DARO	PSA APRIL 2019 & WRITE
CAH	UROLOGY	UROLOGY(C)	HAYNES M D MR		04/09/2017	29/10/2018	1	DARO	PSA 01/19 & MRI 03/19
CAH	UROLOGY	UROLOGY(C)	HAYNES M D MR		15/07/2014	29/10/2018	1	DARO	PSA OCT 2019 & WRITE
CAH	UROLOGY	UROLOGY(C)	HAYNES M D MR		21/02/2018	29/10/2018	1	DARO	PSA FEB 2019 & WRITE
CAH	UROLOGY	UROLOGY(C)	HAYNES M D MR		19/09/2013	29/10/2018	1	DARO	PSA APRIL 19 & WRITE

CAH	UROLOGY	UROLOGY(C)	HAYNES M D MR	Personal Information redacted by USI	06/10/2016	29/10/2018	1	DARO	CT OCT 2019 & WRITE
CAH	UROLOGY	UROLOGY(C)	HAYNES M D MR		08/09/2016	29/10/2018	1	DARO	PSA JAN 2019 & WRITE
CAH	UROLOGY	UROLOGY(C)	HAYNES M D MR		04/10/2017	29/10/2018	1	DARO	CT CAP 10/19 & WRITE
CAH	UROLOGY	UROLOGY(C)	HAYNES M D MR		26/07/2014	29/10/2018	1	DARO	PSA FEB 2019 & WRITE
CAH	UROLOGY	UROLOGY(C)	HAYNES M D MR		2/05/2015	29/10/2018	1	DARO	PSA APRIL 2019 & WRITE
CAH	UROLOGY	UROLOGY(C)	HAYNES M D MR		7/09/2014	29/10/2018	1	DARO	PSA JAN 2019 & WRITE
CAH	UROLOGY	UROLOGY(C)	HAYNES M D MR		7/01/2017	29/10/2018	1	DARO	PSA FEB 2019 & WRITE
CAH	UROLOGY	UROLOGY(C)	HAYNES M D MR		2/03/2017	29/10/2018	1	DARO	PSA APRIL 2019 & WRITE
CAH	UROLOGY	UROLOGY(C)	HAYNES M D MR		8/01/2018	29/10/2018	1	DARO	PSA APRIL 2019 & WRITE
CAH	UROLOGY	UROLOGY(C)	HAYNES M D MR		6/04/2018	29/10/2018	1	DARO	PSA FEB 19 & WRITE
CAH	UROLOGY	UROLOGY(C)	HAYNES M D MR		2/01/2017	29/10/2018	1	DARO	PSA FEB 2019 & WRITE
CAH	UROLOGY	UROLOGY(C)	HAYNES M D MR		7/02/2018	29/10/2018	1	DARO	USS TESTES 04/19 & WRITE
CAH	UROLOGY	UROLOGY(C)	JACOB T MR		0/10/2016	29/10/2018	1	DARO	PSA END OF JAN 2019
CAH	UROLOGY	UROLOGY(C)	O'DONOGHUE J P MR		7/06/2018	29/10/2018	1	DARO	MRI
CAH	UROLOGY	UROLOGY(C)	O'DONOGHUE J P MR		/08/2018	29/10/2018	1	DARO	CT KUB
CAH	UROLOGY	UROLOGY(C)	YOUNG M MR		/08/2018	29/10/2018	1	DARO	CT PELVIS & REV DEC 2018 TJ
CAH	UROLOGY	UROLOGY(C)	GLACKIN A.J MR		/11/2013	30/10/2018	1	DARO	CT DEC 18 & WRITE PER AJG
CAH	UROLOGY	UROLOGY(C)	GLACKIN A.J MR		10/2018	30/10/2018	1	DARO	CT APRIL 2019 PER AJG
CAH	UROLOGY	UROLOGY(C)	HAYNES M D MR		01/2017	30/10/2018	1	DARO	PSA 01/19 & MRI APRIL 19
CAH	UROLOGY	UROLOGY(C)	HAYNES M D MR		08/2018	30/10/2018	1	DARO	CT FEB 19 & RENORGAM 10/19
CAH	UROLOGY	UROLOGY(C)	HAYNES M D MR		01/2018	30/10/2018	1	DARO	PSA FEB 19 & WRITE
CAH	UROLOGY	UROLOGY(C)	HAYNES M D MR		08/2014	30/10/2018	1	DARO	CT OCTOBER 2019 & WRITE
CAH	UROLOGY	UROLOGY(C)	HAYNES M D MR		0/2018	30/10/2018	1	DARO	USS OCT 2019 & WRITE
CAH	UROLOGY	UROLOGY(C)	HAYNES M D MR		06/2018	30/10/2018	1	DARO	PSA JAN 2019 & WRITE

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CAH	UROLOGY	UROLOGY(C)	HAYNES M D MR	[redacted]	03/09/2018	30/10/2018	1	DARO	MRI APRIL 2019 & WRITE
CAH	UROLOGY	UROLOGY(C)	JACOB T MR		09/08/2018	30/10/2018	1	DARO	CT UROGRAM
CAH	UROLOGY	UROLOGY(C)	YOUNG M MR		30/10/2018	30/10/2018	1	DARO	AWAIT HISTOLOGY
CAH	UROLOGY	UROLOGY(C)	YOUNG M MR		30/10/2018	30/10/2018	1	DARO	AWAIT HISTOLOGY
CAH	UROLOGY	NURSE LED UROLOGY(N)	NURSE LED UROLOGY		16/02/2017	31/10/2018	1	DARO	PSA 01/19 & WRITE
CAH	UROLOGY	NURSE LED UROLOGY(N)	NURSE LED UROLOGY		18/06/2018	31/10/2018	1	DARO	PSA JAN 2019 & WRITE
CAH	UROLOGY	UROLOGY(C)	GLACKIN A.J MR		17/09/2018	31/10/2018	1	DARO	PSA DECEMBER 2018 PER AJG
CAH	UROLOGY	UROLOGY(C)	GLACKIN A.J MR		17/09/2018	31/10/2018	1	DARO	PSA DECEMBER 2018 PER AJG
CAH	UROLOGY	UROLOGY(C)	GLACKIN A.J MR		02/07/2018	31/10/2018	1	DARO	US TESTES & W/L PER AJG
CAH	UROLOGY	UROLOGY(C)	GLACKIN A.J MR		13/09/2018	31/10/2018	1	DARO	MRI PROSTATE & REV PER AJG
CAH	UROLOGY	UROLOGY(C)	GLACKIN A.J MR		19/09/2018	31/10/2018	1	DARO	AWAIT MSU RESULT
CAH	UROLOGY	UROLOGY(C)	HAYNES M D MR		01/11/2018	01/11/2018	1	DARO	USS PER JASON TROC
CAH	UROLOGY	UROLOGY(C)	JACOB T MR		01/11/2018	01/11/2018	1	DARO	DISCUSS AT MDT
CAH	UROLOGY	UROLOGY(C)	O'DONOGHUE J P MR		26/09/2018	01/11/2018	1	DARO	CT
CAH	UROLOGY	UROLOGY(C)	YOUNG M MR		27/10/2018	01/11/2018	1	DARO	CT & STONE MDT PER JOD
CAH	UROLOGY	UROLOGY(C)	YOUNG M MR		11/01/2016	01/11/2018	1	DARO	CT PER JOD STONE MDT LETTER
CAH	UROLOGY	UROLOGY(C)	YOUNG M MR		14/09/2018	01/11/2018	1	DARO	AWAIT CT UROGRAM
CAH	UROLOGY	UROLOGY(C)	YOUNG M MR		01/11/2018	01/11/2018	1	DARO	CT & STONE MDT PER JOD
CAH	UROLOGY	UROLOGY(C)	YOUNG M MR		4/09/2018	01/11/2018	1	DARO	AWAIT CT SCAN RESULTS
CAH	UROLOGY	UROLOGY(C)	YOUNG M MR		1/11/2018	01/11/2018	1	DARO	CT & STONE MDT PER JOD
CAH	UROLOGY	UROLOGY(C)	YOUNG M MR		1/11/2018	01/11/2018	1	DARO	CT & DISCUSS MDT PER JOD
CAH	UROLOGY	UROLOGY(C)	YOUNG M MR		1/11/2018	01/11/2018	1	DARO	CT & STONE MDT PER JOD
CAH	UROLOGY	UROLOGY(C)	YOUNG M MR		1/11/2018	01/11/2018	1	DARO	CT & STONE MDT PER JOD
CAH	UROLOGY	UROLOGY(C)	GLACKIN A.J MR		2/11/2018	02/11/2018	1	DARO	MAG3 FEB 19 & REV MAY 19

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CAH	UROLOGY	UROLOGY(C)	GLACKIN A.J MR		2/11/2018	02/11/2018	1	DARO	CT MAY 2019 PER KEN DISCHARGE
CAH	UROLOGY	UROLOGY(C)	JACOB T MR		7/09/2018	02/11/2018	1	DARO	TJ TO RING PATIENT
CAH	UROLOGY	UROLOGY(C)	O'BRIEN A MR		3/10/2014	02/11/2018	1	DARO	MDM DISCUSSION - AOB
CAH	UROLOGY	UROLOGY(C)	O'BRIEN A MR		2/11/2018	02/11/2018	1	DARO	HISTOLOGY AND MDM DISCUSSION
CAH	UROLOGY	UROLOGY(C)	GLACKIN A.J MR		5/09/2015	05/11/2018	1	DARO	PSA DEC 18 & REV UO NOV 19
CAH	UROLOGY	UROLOGY(C)	GLACKIN A.J MR		9/08/2017	05/11/2018	1	DARO	drainage of cyst x-ray
CAH	UROLOGY	UROLOGY(C)	GLACKIN A.J MR		4/06/2015	05/11/2018	1	DARO	SEC TO CONTACT COMM. CONT. TEA
CAH	UROLOGY	UROLOGY(C)	GLACKIN A.J MR		7/12/2012	05/11/2018	1	DARO	PSA MAR 19 & REV NOV 19
CAH	UROLOGY	UROLOGY(C)	GLACKIN A.J MR		4/10/2018	05/11/2018	1	DARO	CT (DECEMBER 2018)
CAH	UROLOGY	UROLOGY(C)	HAYNES M D MR		1/09/2018	05/11/2018	1	DARO	CT APRIL 2019 & WRITE
CAH	UROLOGY	UROLOGY(C)	HAYNES M D MR		4/10/2016	05/11/2018	1	DARO	CT OCT 2019 & WRITE
CAH	UROLOGY	UROLOGY(C)	HAYNES M D MR		5/11/2018	05/11/2018	1	DARO	PSA FEB 2019
CAH	UROLOGY	UROLOGY(C)	HAYNES M D MR		3/08/2018	05/11/2018	1	DARO	CT & WRITE
CAH	UROLOGY	UROLOGY(C)	HAYNES M D MR		7/10/2017	05/11/2018	1	DARO	PSA APRIL 2019 & WRITE
CAH	UROLOGY	UROLOGY(C)	HAYNES M D MR		4/09/2018	05/11/2018	1	DARO	PSA & WRITE
CAH	UROLOGY	UROLOGY(C)	JACOB T MR		4/10/2018	05/11/2018	1	DARO	DMSA & STONE MDT TJ
CAH	UROLOGY	UROLOGY(C)	JACOB T MR		5/11/2018	05/11/2018	1	DARO	CT LIVER
CAH	UROLOGY	UROLOGY(C)	O'DONOGHUE J P MR		5/11/2018	05/11/2018	1	DARO	US TESTES APP 271118 REV AFTER
CAH	UROLOGY	UROLOGY(C)	GLACKIN A.J MR		7/06/2013	06/11/2018	1	DARO	PSA APR 19 REV MAY 19
CAH	UROLOGY	UROLOGY(C)	GLACKIN A.J MR		9/05/2018	06/11/2018	1	DARO	PSA MARCH 2019
CAH	UROLOGY	UROLOGY(C)	HAYNES M D MR		3/09/2018	06/11/2018	1	DARO	CT JAN 2019 & WRITE
CAH	UROLOGY	UROLOGY(C)	JACOB T MR		0/09/2018	06/11/2018	1	DARO	USS SCROTUM/MDT JAN 2019
CAH	UROLOGY	UROLOGY(C)	JACOB T MR		4/03/2018	06/11/2018	1	DARO	CT CAP/REV MARCH 2019
CAH	UROLOGY	UROLOGY(C)	JACOB T MR		6/10/2018	06/11/2018	1	DARO	CT UROGRAM

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CAH	UROLOGY	UROLOGY(C)	JACOB T MR	[redacted]	30/11/2017	06/11/2018	1	DARO	CT SEPT 2019 & WRITE
CAH	UROLOGY	UROLOGY(C)	O'BRIEN A MR	[redacted]	06/11/2018	06/11/2018	1	DARO	RENOGRAM
CAH	UROLOGY	UROLOGY(C)	YOUNG M MR	[redacted]	25/07/2018	06/11/2018	1	DARO	AWAIT RPT USS
CAH	UROLOGY	UROLOGY(C)	GLACKIN A.J MR	[redacted]	17/11/2015	07/11/2018	1	DARO	ct oct 2019
CAH	UROLOGY	UROLOGY(C)	GLACKIN A.J MR	[redacted]	11/10/2013	07/11/2018	1	DARO	PSA JAN 19 REV MAY 2019 UO
CAH	UROLOGY	UROLOGY(C)	GLACKIN A.J MR	[redacted]	19/09/2018	07/11/2018	1	DARO	PSA APRIL 2019
CAH	UROLOGY	UROLOGY(C)	GLACKIN A.J MR	[redacted]	29/06/2018	07/11/2018	1	DARO	BLOODS, BLADDER DIARY PER AJG
CAH	UROLOGY	UROLOGY(C)	GLACKIN A.J MR	[redacted]	01/07/2016	07/11/2018	1	DARO	PSA JAN 2019
CAH	UROLOGY	UROLOGY(C)	GLACKIN A.J MR	[redacted]	27/11/2017	07/11/2018	1	DARO	PSA APRIL 2019
CAH	UROLOGY	UROLOGY(C)	GLACKIN A.J MR	[redacted]	06/07/2018	07/11/2018	1	DARO	CT SCAN PER AJG
CAH	UROLOGY	UROLOGY(C)	GLACKIN A.J MR	[redacted]	13/04/2018	07/11/2018	1	DARO	PSA APRIL 19 & REV UO MAY 19
CAH	UROLOGY	UROLOGY(C)	GLACKIN A.J MR	[redacted]	26/09/2018	07/11/2018	1	DARO	CT SCAN & WRITE PER AJG
CAH	UROLOGY	UROLOGY(C)	HAYNES M D MR	[redacted]	07/11/2018	07/11/2018	1	DARO	CT KUB OCT 2020 PER SABA
CAH	UROLOGY	UROLOGY(C)	HAYNES M D MR	[redacted]	23/12/2015	07/11/2018	1	DARO	CT NOV 2019 & WRITE
CAH	UROLOGY	UROLOGY(C)	HAYNES M D MR	[redacted]	26/10/2014	07/11/2018	1	DARO	CT OCT 2019 & WRITE
CAH	UROLOGY	UROLOGY(C)	HAYNES M D MR	[redacted]	24/10/2014	07/11/2018	1	DARO	CT OCTOBER 2019 & WRITE
CAH	UROLOGY	UROLOGY(C)	HAYNES M D MR	[redacted]	07/11/2018	07/11/2018	1	DARO	CT CHEST & CTU OCT 19 PER SABA
CAH	UROLOGY	UROLOGY(C)	HAYNES M D MR	[redacted]	16/11/2016	07/11/2018	1	DARO	CT NOV 2019 & WRITE
CAH	UROLOGY	UROLOGY(C)	HAYNES M D MR	[redacted]	09/11/2017	07/11/2018	1	DARO	CT NOV 2019 & WRITE
CAH	UROLOGY	UROLOGY(C)	HAYNES M D MR	[redacted]	23/02/2018	07/11/2018	1	DARO	CT MAY 2019 & WRITE
CAH	UROLOGY	UROLOGY(C)	HAYNES M D MR	[redacted]	06/09/2018	07/11/2018	1	DARO	MRI & WRITE
CAH	UROLOGY	UROLOGY(C)	JACOB T MR	[redacted]	20/09/2018	07/11/2018	1	DARO	TRIPHASIC CT & REV DEC 2018
CAH	UROLOGY	UROLOGY(C)	O'DONOGHUE J P MR	[redacted]	07/11/2018	07/11/2018	1	DARO	CTU AND REVIEW
CAH	UROLOGY	UROLOGY(C)	GLACKIN A.J MR	[redacted]	08/11/2018	08/11/2018	1	DARO	PSA LUTS CLINIC

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CAH	UROLOGY	UROLOGY(C)	HAYNES M D MR	18/09/2018	08/11/2018	1	DARO	PSA MARCH 2019 & WRITE
CAH	UROLOGY	UROLOGY(C)	HAYNES M D MR	04/10/2016	08/11/2018	1	DARO	PSA MARCH 2019 & WRITE
CAH	UROLOGY	UROLOGY(C)	HAYNES M D MR	3/10/2018	08/11/2018	1	DARO	BONE SCAN & MDM
CAH	UROLOGY	UROLOGY(C)	HAYNES M D MR	3/09/2018	08/11/2018	1	DARO	CT MARCH 2019 & WRITE
CAH	UROLOGY	UROLOGY(C)	HAYNES M D MR	1/01/2018	08/11/2018	1	DARO	MRI OCT 2019 & WRITE
CAH	UROLOGY	UROLOGY(C)	HAYNES M D MR	0/09/2018	08/11/2018	1	DARO	CT 04/19 PER LTR 121018
CAH	UROLOGY	UROLOGY(C)	HAYNES M D MR	7/09/2018	08/11/2018	1	DARO	PSA JAN 2019 & WRITE
CAH	UROLOGY	UROLOGY(C)	O'DONOGHUE J P MR	1/10/2016	08/11/2018	1	DARO	CT KUB & STONE MDT PER JOD
CAH	UROLOGY	UROLOGY(C)	YOUNG M MR	8/10/2018	08/11/2018	1	DARO	AWAIT CT KUB - REDISCUSS MDT
CAH	UROLOGY	UROLOGY(C)	YOUNG M MR	8/10/2018	08/11/2018	1	DARO	CT & STONE MDT PER JOD
CAH	UROLOGY	UROLOGY(C)	YOUNG M MR	/11/2018	08/11/2018	1	DARO	CT & STONE MDT PER JOD
CAH	UROLOGY	UROLOGY(C)	YOUNG M MR	/10/2018	08/11/2018	1	DARO	MAG3 & STONE MDT PER JOD
CAH	UROLOGY	UROLOGY(C)	YOUNG M MR	/11/2018	08/11/2018	1	DARO	USS PER JOD STONE MDT
CAH	UROLOGY	UROLOGY(C)	YOUNG M MR	/10/2018	08/11/2018	1	DARO	CT KUB & STONE MDT PER JOD
CAH	UROLOGY	UROLOGY(C)	YOUNG M MR	/10/2018	08/11/2018	1	DARO	CT KUB & RV STONE MDT PER JOD
DHH	UROLOGY	UROLOGY(C)	JACOB T MR	08/2018	08/11/2018	1	DARO	MRI PROSTATE
CAH	UROLOGY	UROLOGY(C)	GLACKIN A.J MR	08/2018	09/11/2018	1	DARO	psa jan 2019
CAH	UROLOGY	UROLOGY(C)	GLACKIN A.J MR	11/2017	09/11/2018	1	DARO	ct oct 2019
CAH	UROLOGY	UROLOGY(C)	HAYNES M D MR	08/2018	09/11/2018	1	DARO	RENOGRAM OCT 2019 & WRITE
CAH	UROLOGY	UROLOGY(C)	HAYNES M D MR	0/2017	09/11/2018	1	DARO	PSA MARCH 2019 & WRITE
CAH	UROLOGY	UROLOGY(C)	HAYNES M D MR	1/2015	09/11/2018	1	DARO	PSA FEB 2019 & WRITE
CAH	UROLOGY	UROLOGY(C)	HAYNES M D MR	7/2018	09/11/2018	1	DARO	PSA MARCH 2019 & WRITE
CAH	UROLOGY	UROLOGY(C)	HAYNES M D MR	9/2018	09/11/2018	1	DARO	USS JAN 2019 & WRITE
CAH	UROLOGY	UROLOGY(C)	HAYNES M D MR	9/2018	09/11/2018	1	DARO	PSA JAN 2019 & CT NOV 2019

CAH	UROLOGY	UROLOGY(C)	HAYNES M D MR	[redacted]	25/05/2018	09/11/2018	1	DARO	PSA JAN 19 & CT MAY 2018
CAH	UROLOGY	UROLOGY(C)	HAYNES M D MR		22/03/2017	09/11/2018	1	DARO	PSA MARCH 2019 & WRITE
CAH	UROLOGY	UROLOGY(C)	JACOB T MR		09/11/2018	09/11/2018	1	DARO	CT UROGRAM JAN 2019
CAH	UROLOGY	UROLOGY(C)	JACOB T MR		09/11/2018	09/11/2018	1	DARO	PSA JAN 2019/MRI APRIL 2019
CAH	UROLOGY	UROLOGY(C)	JACOB T MR		09/11/2018	09/11/2018	1	DARO	CT CAP MARCH 2019
CAH	UROLOGY	UROLOGY(C)	O'BRIEN A MR		08/06/2017	09/11/2018	1	DARO	CT AND URS SCAN - AOB
CAH	UROLOGY	UROLOGY(C)	GENERAL UROLOGIST		18/01/2018	12/11/2018	1	DARO	AWAIT URO-GYNAE MDT
CAH	UROLOGY	UROLOGY(C)	GLACKIN A.J MR		03/08/2018	12/11/2018	1	DARO	REPEAT PSA AND WL
CAH	UROLOGY	UROLOGY(C)	HAYNES M D MR		26/09/2017	12/11/2018	1	DARO	PSA MARCH 2019 & WRITE
CAH	UROLOGY	UROLOGY(C)	HAYNES M D MR		14/11/2017	12/11/2018	1	DARO	PSA MAY 2019 & WRITE
CAH	UROLOGY	UROLOGY(C)	HAYNES M D MR		09/12/2016	12/11/2018	1	DARO	PSA MARCH 2019 & WRITE
CAH	UROLOGY	UROLOGY(C)	HAYNES M D MR		03/07/2017	12/11/2018	1	DARO	PSA MARCH 2019 & WRITE
CAH	UROLOGY	UROLOGY(C)	HAYNES M D MR		11/09/2017	12/11/2018	1	DARO	PSA FEB 2019 & MRI JAN 2019
CAH	UROLOGY	UROLOGY(C)	HAYNES M D MR		3/01/2017	12/11/2018	1	DARO	PSA MAY 2019 & WRITE
CAH	UROLOGY	UROLOGY(C)	HAYNES M D MR		9/07/2018	12/11/2018	1	DARO	USS TESTES & WRITE
CAH	UROLOGY	UROLOGY(C)	JACOB T MR		5/06/2018	12/11/2018	1	DARO	MRI SMALL BOWEL
CAH	UROLOGY	UROLOGY(C)	O'DONOGHUE J P MR		9/01/2017	12/11/2018	1	DARO	TRUS BIOPSY
CAH	UROLOGY	UROLOGY(C)	O'DONOGHUE J P MR		1/09/2018	12/11/2018	1	DARO	PSA
CAH	UROLOGY	UROLOGY(C)	O'DONOGHUE J P MR		1/07/2018	12/11/2018	1	DARO	XRAY KUB/MAG 3 KH
CAH	UROLOGY	UROLOGY(C)	O'DONOGHUE J P MR		2/08/2017	12/11/2018	1	DARO	TRUS
CAH	UROLOGY	UROLOGY(C)	O'DONOGHUE J P MR		1/01/2018	12/11/2018	1	DARO	MRI
CAH	UROLOGY	UROLOGY(C)	O'DONOGHUE J P MR		5/08/2018	12/11/2018	1	DARO	CT THEN DIS TO WL
CAH	UROLOGY	UROLOGY(C)	GLACKIN A.J MR		7/07/2018	13/11/2018	1	DARO	PSA FEB 2019
CAH	UROLOGY	UROLOGY(C)	GLACKIN A.J MR		0/08/2018	13/11/2018	1	DARO	PSA MAY 2019

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CAH	UROLOGY	UROLOGY(C)	GLACKIN A.J MR	[redacted]	7/09/2017	13/11/2018	1	DARO	PSA feb 19 rev oct 19
CAH	UROLOGY	UROLOGY(C)	GLACKIN A.J MR		2/02/2016	13/11/2018	1	DARO	PSA FEB 2019
CAH	UROLOGY	UROLOGY(C)	GLACKIN A.J MR		/01/2013	13/11/2018	1	DARO	PSA APRIL 2019
CAH	UROLOGY	UROLOGY(C)	GLACKIN A.J MR		5/12/2015	13/11/2018	1	DARO	REPEAT PSA AND MSU
CAH	UROLOGY	UROLOGY(C)	GLACKIN A.J MR		0/03/2016	13/11/2018	1	DARO	PSA feb 2019
CAH	UROLOGY	UROLOGY(C)	GLACKIN A.J MR		/11/2016	13/11/2018	1	DARO	PSA MAY 2019
CAH	UROLOGY	UROLOGY(C)	GLACKIN A.J MR		3/09/2016	13/11/2018	1	DARO	PSA JAN 2019
CAH	UROLOGY	UROLOGY(C)	GLACKIN A.J MR		/03/2018	13/11/2018	1	DARO	PSA JAN 2019
CAH	UROLOGY	UROLOGY(C)	HAYNES M D MR		/08/2017	13/11/2018	1	DARO	RENOGRAM 11/2020 & WRITE
CAH	UROLOGY	UROLOGY(C)	HAYNES M D MR		/12/2017	13/11/2018	1	DARO	CT MAY 2019 & WRITE
CAH	UROLOGY	UROLOGY(C)	HAYNES M D MR		/10/2017	13/11/2018	1	DARO	USS NOV 2019 & WRITE
CAH	UROLOGY	UROLOGY(C)	HAYNES M D MR		/03/2017	13/11/2018	1	DARO	PSA FEB 2019 & WRITE
CAH	UROLOGY	UROLOGY(C)	HAYNES M D MR		/08/2017	13/11/2018	1	DARO	PSA FEB 2019 & WRITE
CAH	UROLOGY	UROLOGY(C)	HAYNES M D MR		/11/2018	13/11/2018	1	DARO	RENORGAM
CAH	UROLOGY	UROLOGY(C)	JACOB T MR		/08/2018	13/11/2018	1	DARO	USS URINARY TRACTS
CAH	UROLOGY	UROLOGY(C)	JACOB T MR		/11/2018	13/11/2018	1	DARO	DISCUSS AT MDT
CAH	UROLOGY	UROLOGY(C)	O'BRIEN A MR		/11/2018	13/11/2018	1	DARO	PROSTATE HISTOLOGY & MDM
CAH	UROLOGY	UROLOGY(C)	O'BRIEN A MR		/11/2018	13/11/2018	1	DARO	MDM DISCUSSION THEN REVIEW
CAH	UROLOGY	UROLOGY(C)	O'DONOGHUE J P MR		/09/2018	13/11/2018	1	DARO	PSA SABA IF NAD DIS
CAH	UROLOGY	UROLOGY(C)	O'DONOGHUE J P MR		/11/2018	13/11/2018	1	DARO	CT/MRI
STH	UROLOGY	UROLOGY(C)	GLACKIN A.J MR		/06/2014	13/11/2018	1	DARO	PSA april 2019
CAH	UROLOGY	UROLOGY(C)	GLACKIN A.J MR		/11/2018	14/11/2018	1	DARO	AW DR CRAIG'S RESPONSE
CAH	UROLOGY	UROLOGY(C)	GLACKIN A.J MR		/04/2017	14/11/2018	1	DARO	PSA MAY 2019
CAH	UROLOGY	UROLOGY(C)	GLACKIN A.J MR		/09/2015	14/11/2018	1	DARO	ct OCT 2019

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CAH	UROLOGY	UROLOGY(C)	HAYNES M D MR		18/04/2018	14/11/2018	1	DARO	USS OCT 2019
CAH	UROLOGY	UROLOGY(C)	HAYNES M D MR		12/11/2018	14/11/2018	1	DARO	HISTOLOGY : MDM
CAH	UROLOGY	UROLOGY(C)	HAYNES M D MR		09/11/2018	14/11/2018	1	DARO	HISTOLOGY @ MDM
CAH	UROLOGY	UROLOGY(C)	HAYNES M D MR		25/10/2018	14/11/2018	1	DARO	BLADDER WASHINSG & CTU
CAH	UROLOGY	UROLOGY(C)	HAYNES M D MR		11/11/2015	14/11/2018	1	DARO	USS NOV 2020 & WRITE
CAH	UROLOGY	UROLOGY(C)	HAYNES M D MR		09/11/2018	14/11/2018	1	DARO	HISTOLOGY & WRITE
CAH	UROLOGY	UROLOGY(C)	HAYNES M D MR		08/05/2017	14/11/2018	1	DARO	USS NOV 2020 & WRITE
CAH	UROLOGY	UROLOGY(C)	HAYNES M D MR		21/05/2017	14/11/2018	1	DARO	CT NOV 2019 & WRITE
CAH	UROLOGY	UROLOGY(C)	JACOB T MR		2/10/2018	14/11/2018	1	DARO	MRI PROSTATE
CAH	UROLOGY	UROLOGY(C)	JACOB T MR		5/08/2018	14/11/2018	1	DARO	PSA DECEMBER 2018
CAH	UROLOGY	UROLOGY(C)	JACOB T MR		30/08/2018	14/11/2018	1	DARO	USS TESTES DECEMBER 2018
CAH	UROLOGY	UROLOGY(C)	JACOB T MR		29/08/2018	14/11/2018	1	DARO	USS URINARY TRACT MARCH 19
CAH	UROLOGY	UROLOGY(C)	JACOB T MR		03/10/2018	14/11/2018	1	DARO	USS URINARY TRACT
CAH	UROLOGY	UROLOGY(C)	JACOB T MR		29/08/2018	14/11/2018	1	DARO	TJ TO DISCUSS WITH RADIOLOGY
CAH	UROLOGY	UROLOGY(C)	O'DONOGHUE J P MR		4/11/2018	14/11/2018	1	DARO	TO HEAR FROM CONTINENCE
CAH	UROLOGY	UROLOGY(C)	O'DONOGHUE J P MR		4/05/2017	14/11/2018	1	DARO	CT APRIL 2019/REV MAY 19
CAH	UROLOGY	UROLOGY(C)	GENERAL UROLOGIST A		5/10/2018	15/11/2018	1	DARO	USS & CT KUB - REDISCUSS
CAH	UROLOGY	UROLOGY(C)	GENERAL UROLOGIST A		6/10/2018	15/11/2018	1	DARO	AWAIT USS & CT KUB-REDISCUSS
CAH	UROLOGY	UROLOGY(C)	GLACKIN A.J MR		9/05/2017	15/11/2018	1	DARO	AW CARDIAC CATH THEN REV
CAH	UROLOGY	UROLOGY(C)	HAYNES M D MR		8/11/2017	15/11/2018	1	DARO	PSA FEB 2019
CAH	UROLOGY	UROLOGY(C)	JACOB T MR		8/08/2018	15/11/2018	1	DARO	CT CAP & REFER BCH
CAH	UROLOGY	UROLOGY(C)	YOUNG M MR		9/10/2018	15/11/2018	1	DARO	CT PER JOD STONE MDT & ESWL
CAH	UROLOGY	UROLOGY(C)	YOUNG M MR		4/11/2018	15/11/2018	1	DARO	CT KUB & DISCUSS STONE MDT
CAH	UROLOGY	UROLOGY(C)	YOUNG M MR		8/10/2018	15/11/2018	1	DARO	AWAIT BLOODS & MDT

CAH	UROLOGY	UROLOGY(C)	YOUNG M MR	[redacted]	9/10/2018	15/11/2018	1	DARO	PER JOD STONE MDT
CAH	UROLOGY	UROLOGY(C)	YOUNG M MR		0/05/2018	15/11/2018	1	DARO	AWAIT USS RESULT (DUE 231118)
CAH	UROLOGY	UROLOGY(C)	YOUNG M MR		1/11/2018	15/11/2018	1	DARO	CT PER JOD STONE MDT
CAH	UROLOGY	UROLOGY(C)	YOUNG M MR		0/10/2017	15/11/2018	1	DARO	CT PER JOD STONE MDT
CAH	UROLOGY	UROLOGY(C)	YOUNG M MR		1/09/2018	15/11/2018	1	DARO	CT LVH PER JOD STONE MDT
CAH	UROLOGY	UROLOGY(C)	YOUNG M MR		1/10/2018	15/11/2018	1	DARO	AWAIT CT & MDT
CAH	UROLOGY	UROLOGY(C)	GLACKIN A.J MR		7/11/2016	16/11/2018	1	DARO	PSA JAN 19 & REV JULY 2019
CAH	UROLOGY	UROLOGY(C)	GLACKIN A.J MR		0/05/2016	16/11/2018	1	DARO	PSA DEC 2018
CAH	UROLOGY	UROLOGY(C)	GLACKIN A.J MR		1/11/2017	16/11/2018	1	DARO	PSA APRIL 2019
CAH	UROLOGY	UROLOGY(C)	GLACKIN A.J MR		1/09/2017	16/11/2018	1	DARO	PSA APRIL 2019
CAH	UROLOGY	UROLOGY(C)	GLACKIN A.J MR		7/01/2015	16/11/2018	1	DARO	PSA JAN 2019
CAH	UROLOGY	UROLOGY(C)	HAYNES M D MR		6/09/2018	16/11/2018	1	DARO	MRI
CAH	UROLOGY	UROLOGY(C)	HAYNES M D MR		1/10/2018	16/11/2018	1	DARO	CT MARCH 2019 & WRITE
CAH	UROLOGY	UROLOGY(C)	HAYNES M D MR		5/10/2018	16/11/2018	1	DARO	CT APRIL 2019 & WRITE
CAH	UROLOGY	UROLOGY(C)	HAYNES M D MR		7/09/2018	16/11/2018	1	DARO	PSA FEB 2019 & WRITE
CAH	UROLOGY	UROLOGY(C)	HAYNES M D MR		0/05/2018	16/11/2018	1	DARO	NO PT CONTACT 2/12 DIS
CAH	UROLOGY	UROLOGY(C)	HAYNES M D MR		0/10/2018	16/11/2018	1	DARO	CT APRIL 2019 & WRITE
CAH	UROLOGY	UROLOGY(C)	JACOB T MR		1/05/2017	16/11/2018	1	DARO	USS NOVEMBER 2020
CAH	UROLOGY	UROLOGY(C)	JACOB T MR		1/09/2018	16/11/2018	1	DARO	CT CAP MAY 2019
CAH	UROLOGY	UROLOGY(C)	O'BRIEN A MR		6/11/2018	16/11/2018	1	DARO	CT PER MARK EVANS
CAH	UROLOGY	UROLOGY(C)	YOUNG M MR		6/11/2018	16/11/2018	1	DARO	AWAIT CTU & CYTOLOGY
CAH	UROLOGY	UROLOGY(C)	YOUNG M MR		9/03/2018	16/11/2018	1	DARO	24HR URINE & ESWL PER MY
CAH	UROLOGY	UROLOGY(C)	YOUNG M MR		0/11/2017	16/11/2018	1	DARO	MICT CYST & REV PER MY
CAH	UROLOGY	UROLOGY(C)	YOUNG M MR		7/11/2018	16/11/2018	1	DARO	24 HOUR URINE & WL PER MY

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				Personal Information redacted by USI					
CAH	UROLOGY	UROLOGY(C)	YOUNG M MR		16/11/2018	16/11/2018	1	DARO	AWAIT CYTOLOGY & CTU RESULTS
CAH	UROLOGY	UROLOGY(C)	GLACKIN A.J MR		24/09/2015	19/11/2018	1	DARO	KUB AND WRITE NOV 2019
CAH	UROLOGY	UROLOGY(C)	GLACKIN A.J MR		22/12/2016	19/11/2018	1	DARO	CT NOV 2019
CAH	UROLOGY	UROLOGY(C)	HAYNES M D MR		14/11/2018	19/11/2018	1	DARO	HISTOLOGY @ MDM
CAH	UROLOGY	UROLOGY(C)	HAYNES M D MR		09/11/2018	19/11/2018	1	DARO	PSA FEB 2019 & WRITE
CAH	UROLOGY	UROLOGY(C)	HAYNES M D MR		06/11/2017	19/11/2018	1	DARO	CT MAY 2019 & WRITE
CAH	UROLOGY	UROLOGY(C)	HAYNES M D MR		02/02/2017	19/11/2018	1	DARO	PSA MAY 2019 & WRITE
CAH	UROLOGY	UROLOGY(C)	HAYNES M D MR		19/05/2016	19/11/2018	1	DARO	CT NOV 2019 & WRITE
CAH	UROLOGY	UROLOGY(C)	HAYNES M D MR		6/11/2018	19/11/2018	1	DARO	HISTOLOGY @ MDM
CAH	UROLOGY	UROLOGY(C)	HAYNES M D MR		21/06/2018	19/11/2018	1	DARO	CT JAN 2019 & WRITE
CAH	UROLOGY	UROLOGY(C)	JACOB T MR		6/11/2018	19/11/2018	1	DARO	DISUSS AT STONE MDT TJ
CAH	UROLOGY	UROLOGY(C)	O'DONOGHUE J P MR		9/10/2018	19/11/2018	1	DARO	MAG 3/CT
CAH	UROLOGY	UROLOGY(C)	O'DONOGHUE J P MR		5/11/2018	19/11/2018	1	DARO	CT CHEST FEB 2019
CAH	UROLOGY	UROLOGY(C)	O'DONOGHUE J P MR		8/08/2018	19/11/2018	1	DARO	BLOODS/CT
CAH	UROLOGY	UROLOGY(C)	O'DONOGHUE J P MR		8/10/2018	19/11/2018	1	DARO	CT THEN DIS TO WL
CAH	UROLOGY	UROLOGY(C)	O'DONOGHUE J P MR		8/09/2018	19/11/2018	1	DARO	RF MRI ME
CAH	UROLOGY	UROLOGY(C)	O'DONOGHUE J P MR		7/09/2018	19/11/2018	1	DARO	MRI
CAH	UROLOGY	UROLOGY(C)	O'DONOGHUE J P MR		/10/2018	19/11/2018	1	DARO	MRI/CT MDT
CAH	UROLOGY	UROLOGY(C)	YOUNG M MR		/03/2016	19/11/2018	1	DARO	CT KUB SWAH PER DEREK
CAH	UROLOGY	UROLOGY(C)	YOUNG M MR		/06/2018	19/11/2018	1	DARO	DISCUSS AT STONE MDT TJ
CAH	UROLOGY	UROLOGY(C)	HAYNES M D MR		/09/2018	20/11/2018	1	DARO	mri & write
CAH	UROLOGY	UROLOGY(C)	HAYNES M D MR		12/2016	20/11/2018	1	DARO	PSA MAY 2019 & WRITE
CAH	UROLOGY	UROLOGY(C)	HAYNES M D MR		07/2017	20/11/2018	1	DARO	PSA & MRI FEB 2019
CAH	UROLOGY	UROLOGY(C)	HAYNES M D MR		12/2015	20/11/2018	1	DARO	PSA MID DEC 18 & WRITE

				Personal Information redacted by USI					
CAH	UROLOGY	UROLOGY(C)	JACOB T MR		0/11/2018	20/11/2018	1	DARO	HISTOLOGY
CAH	UROLOGY	UROLOGY(C)	JACOB T MR		2/10/2018	20/11/2018	1	DARO	DISCUSS AT MDT/REV MAY 2019
CAH	UROLOGY	UROLOGY(C)	JACOB T MR		2/10/2018	20/11/2018	1	DARO	MRI PROSTATE
CAH	UROLOGY	UROLOGY(C)	JACOB T MR		3/08/2018	20/11/2018	1	DARO	USS URINARY TRACTS
CAH	UROLOGY	UROLOGY(C)	O'DONOGHUE J P MR		1/10/2018	20/11/2018	1	DARO	MRI
CAH	UROLOGY	UROLOGY(C)	O'DONOGHUE J P MR		1/10/2018	20/11/2018	1	DARO	MRI
CAH	UROLOGY	UROLOGY(C)	GLACKIN A.J MR		1/10/2018	21/11/2018	1	DARO	MRI
CAH	UROLOGY	UROLOGY(C)	GLACKIN A.J MR		5/10/2018	21/11/2018	1	DARO	CT URINARY TRACT PER MARK EVNS
CAH	UROLOGY	UROLOGY(C)	GLACKIN A.J MR		3/12/2017	21/11/2018	1	DARO	CT UROGRAM PER MARK EVANS
CAH	UROLOGY	UROLOGY(C)	GLACKIN A.J MR		3/07/2018	21/11/2018	1	DARO	BLADDER DIARY AND WRITE
CAH	UROLOGY	UROLOGY(C)	GLACKIN A.J MR		6/06/2018	21/11/2018	1	DARO	URINE AND WRITE
CAH	UROLOGY	UROLOGY(C)	GLACKIN A.J MR		9/11/2018	21/11/2018	1	DARO	TRUS BX, BONE SCAN AND CT MDT
CAH	UROLOGY	UROLOGY(C)	HAYNES M D MR		3/10/2018	21/11/2018	1	DARO	PSA FEB 2019 & WRITE
CAH	UROLOGY	UROLOGY(C)	HAYNES M D MR		5/05/2015	21/11/2018	1	DARO	PSA MARCH 2019 & WRITE
CAH	UROLOGY	UROLOGY(C)	HAYNES M D MR		7/03/2017	21/11/2018	1	DARO	PSA FEB 2019 & WRITE
CAH	UROLOGY	UROLOGY(C)	HAYNES M D MR		9/07/2014	21/11/2018	1	DARO	PSA MARCH 2019 & WRITE
CAH	UROLOGY	UROLOGY(C)	HAYNES M D MR		7/10/2014	21/11/2018	1	DARO	USS NOV 2020 & WRITE
CAH	UROLOGY	UROLOGY(C)	HAYNES M D MR		1/04/2016	21/11/2018	1	DARO	PSA FEB 2019 & CT 03/19
CAH	UROLOGY	UROLOGY(C)	HAYNES M D MR		1/09/2018	21/11/2018	1	DARO	PSA FEB 2019 & WRITE
CAH	UROLOGY	UROLOGY(C)	HAYNES M D MR		9/01/2017	21/11/2018	1	DARO	CT NOV 2019 & WRITE
CAH	UROLOGY	UROLOGY(C)	HAYNES M D MR		1/10/2017	21/11/2018	1	DARO	USS NOV 2020 & WRITE
CAH	UROLOGY	UROLOGY(C)	JACOB T MR		1/10/2018	21/11/2018	1	DARO	MRI
CAH	UROLOGY	UROLOGY(C)	JACOB T MR		2/08/2018	21/11/2018	1	DARO	DMSA SCAN
CAH	UROLOGY	UROLOGY(C)	JACOB T MR		4/10/2018	21/11/2018	1	DARO	MRI/PSA JAN 2019

				Personal Information redacted by USI					
CAH	UROLOGY	UROLOGY(C)	JACOB T MR		13/11/2018	21/11/2018	1	DARO	HISTOLOGY
CAH	UROLOGY	UROLOGY(C)	JACOB T MR		10/10/2018	21/11/2018	1	DARO	CT RENAL MAY 2019
CAH	UROLOGY	UROLOGY(C)	JACOB T MR		10/10/2018	21/11/2018	1	DARO	STONE MDM
CAH	UROLOGY	UROLOGY(C)	O'DONOGHUE J P MR		21/11/2018	21/11/2018	1	DARO	STONE MDT
CAH	UROLOGY	UROLOGY(C)	O'DONOGHUE J P MR		27/06/2018	21/11/2018	1	DARO	US DH
CAH	UROLOGY	UROLOGY(C)	O'DONOGHUE J P MR		01/03/2018	21/11/2018	1	DARO	TRUS DH (DO IN NEW YEAR)
CAH	UROLOGY	UROLOGY(C)	O'DONOGHUE J P MR		16/05/2018	21/11/2018	1	DARO	PSA MAY 2019 DH
CAH	UROLOGY	UROLOGY(C)	O'DONOGHUE J P MR		20/07/2018	21/11/2018	1	DARO	TO HEAR FROM PATIENT
CAH	UROLOGY	UROLOGY(C)	O'DONOGHUE J P MR		05/11/2018	21/11/2018	1	DARO	PSA MAY 2019 DH
CAH	UROLOGY	UROLOGY(C)	O'DONOGHUE J P MR		19/08/2017	21/11/2018	1	DARO	US DH
CAH	UROLOGY	NURSE LED UROLOGY(N)	NURSE LED UROLOGY		10/10/2018	22/11/2018	1	DARO	TELEPHONE REV PER JENNY
CAH	UROLOGY	UROLOGY(C)	GLACKIN A.J MR		21/08/2014	22/11/2018	1	DARO	PSA MAY 2019
CAH	UROLOGY	UROLOGY(C)	GLACKIN A.J MR		27/07/2015	22/11/2018	1	DARO	CT AND WRITE
CAH	UROLOGY	UROLOGY(C)	HAYNES M D MR		25/11/2016	22/11/2018	1	DARO	CT MAY 2019 & WRITE
CAH	UROLOGY	UROLOGY(C)	HAYNES M D MR		27/09/2018	22/11/2018	1	DARO	USS 09/19 & WRITE
CAH	UROLOGY	UROLOGY(C)	HAYNES M D MR		20/11/2015	22/11/2018	1	DARO	CT NOV 2019 & WRITE
CAH	UROLOGY	UROLOGY(C)	HAYNES M D MR		22/11/2018	22/11/2018	1	DARO	CT MAY 2019 & WRITE
CAH	UROLOGY	UROLOGY(C)	HAYNES M D MR		28/02/2018	22/11/2018	1	DARO	CT MAY 2019 & WRITE
CAH	UROLOGY	UROLOGY(C)	JACOB T MR		9/11/2018	22/11/2018	1	DARO	CT CAP
CAH	UROLOGY	UROLOGY(C)	JACOB T MR		31/10/2018	22/11/2018	1	DARO	TJ TO RING PATIENT
CAH	UROLOGY	UROLOGY(C)	O'BRIEN A MR		2/11/2018	22/11/2018	1	DARO	CT KUB THEN REV
CAH	UROLOGY	UROLOGY(C)	O'DONOGHUE J P MR		2/10/2018	22/11/2018	1	DARO	CT ME
CAH	UROLOGY	UROLOGY(C)	YOUNG M MR		9/10/2018	22/11/2018	1	DARO	AWAIT CT SCAN
CAH	UROLOGY	UROLOGY(C)	YOUNG M MR		5/10/2018	22/11/2018	1	DARO	AWAIT CT UROGRAM RESULTS

CAH	UROLOGY	UROLOGY(C)	YOUNG M MR	Personal Information redacted by USI	25/07/2018	22/11/2018	1	DARO	AWAIT MRI SCAN
DHH	UROLOGY	UROLOGY(C)	GLACKIN A.J MR		2/08/2018	22/11/2018	1	DARO	CT
CAH	UROLOGY	UROLOGY(C)	GLACKIN A.J MR		8/04/2016	23/11/2018	1	DARO	CT NOV 2019
CAH	UROLOGY	UROLOGY(C)	GLACKIN A.J MR		4/03/2018	23/11/2018	1	DARO	CT MAY 2019
CAH	UROLOGY	UROLOGY(C)	GLACKIN A.J MR		7/12/2014	23/11/2018	1	DARO	PSA FEB 2019
CAH	UROLOGY	UROLOGY(C)	GLACKIN A.J MR		4/01/2012	23/11/2018	1	DARO	PSA MAY 2019
CAH	UROLOGY	UROLOGY(C)	GLACKIN A.J MR		4/06/2015	23/11/2018	1	DARO	plain x-ray nov 2019
CAH	UROLOGY	UROLOGY(C)	GLACKIN A.J MR		4/04/2018	23/11/2018	1	DARO	CT MAY 2019
CAH	UROLOGY	UROLOGY(C)	HAYNES M D MR		6/09/2018	23/11/2018	1	DARO	PSA FEB 2019 & WRITE
CAH	UROLOGY	UROLOGY(C)	HAYNES M D MR		0/01/2017	23/11/2018	1	DARO	CT FEB 2019 & PSA FEB 2019 & W
CAH	UROLOGY	UROLOGY(C)	HAYNES M D MR		4/05/2018	23/11/2018	1	DARO	CT MAY 2019 & WRITE
CAH	UROLOGY	UROLOGY(C)	O'BRIEN A MR		3/06/2017	23/11/2018	1	DARO	CT BONE SCAN & REV JAN 2019
CAH	UROLOGY	UROLOGY(C)	O'BRIEN A MR		8/11/2018	23/11/2018	1	DARO	CT UROGRAM & WL PER DEREK
CAH	UROLOGY	UROLOGY(C)	O'BRIEN A MR		0/04/2014	23/11/2018	1	DARO	PSA, MRI & REV MAY 2019
CAH	UROLOGY	UROLOGY(C)	O'BRIEN A MR		3/11/2018	23/11/2018	1	DARO	A/W RESPONSE FROM DR MCCORMICK
CAH	UROLOGY	UROLOGY(C)	O'DONOGHUE J P MR		4/09/2018	23/11/2018	1	DARO	CT MAY2019
CAH	UROLOGY	UROLOGY(C)	O'DONOGHUE J P MR		6/11/2018	23/11/2018	1	DARO	HEAR FROM JANICE RE END SURV
CAH	UROLOGY	UROLOGY(C)	O'DONOGHUE J P MR		6/02/2017	23/11/2018	1	DARO	CT OCTOBER 2019
CAH	UROLOGY	UROLOGY(C)	O'DONOGHUE J P MR		0/05/2018	23/11/2018	1	DARO	PSA MAY 2019
CAH	UROLOGY	UROLOGY(C)	O'DONOGHUE J P MR		3/09/2018	23/11/2018	1	DARO	CT RENAL SEPTEMBER 2019
CAH	UROLOGY	UROLOGY(C)	YOUNG M MR		2/03/2018	23/11/2018	1	DARO	FOR DISCUSSION AT STONE MDT
CAH	UROLOGY	UROLOGY(C)	YOUNG M MR		1/11/2018	23/11/2018	1	DARO	AWAIT MRI SCAN & MDT
CAH	UROLOGY	UROLOGY(C)	YOUNG M MR		0/11/2018	23/11/2018	1	DARO	XRAY DHH & STONE MDT PER MY
CAH	UROLOGY	UROLOGY(C)	GLACKIN A.J MR		6/11/2018	26/11/2018	1	DARO	PSA DEC 18

CAH	UROLOGY	UROLOGY(C)	GLACKIN A.J MR	Personal Information redacted by USI	3/10/2018	26/11/2018	1	DARO	PSA FEB 2019
CAH	UROLOGY	UROLOGY(C)	GLACKIN A.J MR		0/12/2017	26/11/2018	1	DARO	USS MAY 2019
CAH	UROLOGY	UROLOGY(C)	GLACKIN A.J MR		0/10/2018	26/11/2018	1	DARO	nephrostogram
CAH	UROLOGY	UROLOGY(C)	GLACKIN A.J MR		/01/2018	26/11/2018	1	DARO	PSA FEB 2019
CAH	UROLOGY	UROLOGY(C)	GLACKIN A.J MR		/08/2018	26/11/2018	1	DARO	mir april 2019 write
CAH	UROLOGY	UROLOGY(C)	GLACKIN A.J MR		10/2018	26/11/2018	1	DARO	CT AND TELEPHONE PT, WL
CAH	UROLOGY	UROLOGY(C)	GLACKIN A.J MR		05/2017	26/11/2018	1	DARO	MRI OCT 19 AND REVIEW
CAH	UROLOGY	UROLOGY(C)	GLACKIN A.J MR		11/2017	26/11/2018	1	DARO	uss
CAH	UROLOGY	UROLOGY(C)	GLACKIN A.J MR		05/2018	26/11/2018	1	DARO	aw patient contact
CAH	UROLOGY	UROLOGY(C)	HAYNES M D MR		5/2018	26/11/2018	1	DARO	PSA MAY 2019
CAH	UROLOGY	UROLOGY(C)	HAYNES M D MR		9/2018	26/11/2018	1	DARO	DISCUSS SRM MDM
CAH	UROLOGY	UROLOGY(C)	HAYNES M D MR		9/2018	26/11/2018	1	DARO	PSA JAN 2019 & WRITE
CAH	UROLOGY	UROLOGY(C)	O'DONOGHUE J P MR		7/2018	26/11/2018	1	DARO	USS TESTES & WL
CAH	UROLOGY	UROLOGY(C)	O'DONOGHUE J P MR		6/2018	26/11/2018	1	DARO	CT DH
CAH	UROLOGY	UROLOGY(C)	O'DONOGHUE J P MR		/2018	26/11/2018	1	DARO	US DH
CAH	UROLOGY	UROLOGY(C)	O'DONOGHUE J P MR		/2018	26/11/2018	1	DARO	MRI DH AFTER XMAS PER PATIENT
CAH	UROLOGY	UROLOGY(C)	O'DONOGHUE J P MR		2018	26/11/2018	1	DARO	CT SABA
CAH	UROLOGY	UROLOGY(C)	O'DONOGHUE J P MR		2018	26/11/2018	1	DARO	PSA MAY 2019 THEN REV DH
CAH	UROLOGY	UROLOGY(C)	O'DONOGHUE J P MR		2018	26/11/2018	1	DARO	MDT
CAH	UROLOGY	UROLOGY(C)	YOUNG M MR		2017	26/11/2018	1	DARO	LETTER SENT FOR PSA CHECK NOV
CAH	UROLOGY	UROLOGY(C)	YOUNG M MR		2018	26/11/2018	1	DARO	DISCUSS AT STONE MDT TJ
CAH	UROLOGY	UROLOGY(C)	YOUNG M MR		018	26/11/2018	1	DARO	AWAIT USS RESULT
CAH	UROLOGY	UROLOGY(C)	YOUNG M MR		018	26/11/2018	1	DARO	AWAIT USS RESULTS
CAH	UROLOGY	UROLOGY(C)	YOUNG M MR		018	26/11/2018	1	DARO	AWAIT MRI SCAN

CAH	UROLOGY	UROLOGY(C)	YOUNG M MR	Personal Information redacted by USI	4/12/2017	26/11/2018	1	DARO	AWAIT PSA RESULT
CAH	UROLOGY	UROLOGY(C)	GLACKIN A.J MR		5/11/2018	27/11/2018	1	DARO	MDT ? SURVEILLANCE CT 6M
CAH	UROLOGY	UROLOGY(C)	GLACKIN A.J MR		3/08/2018	27/11/2018	1	DARO	aw continence rev Jan 2019
CAH	UROLOGY	UROLOGY(C)	GLACKIN A.J MR		3/09/2018	27/11/2018	1	DARO	USS AND WRITE
CAH	UROLOGY	UROLOGY(C)	GLACKIN A.J MR		9/03/2018	27/11/2018	1	DARO	dmsa,uss and U+E apr 19 revnov
CAH	UROLOGY	UROLOGY(C)	GLACKIN A.J MR		7/11/2018	27/11/2018	1	DARO	histology and mdt
CAH	UROLOGY	UROLOGY(C)	HAYNES M D MR		8/04/2018	27/11/2018	1	DARO	PSA FEB 2019 & WRITE
CAH	UROLOGY	UROLOGY(C)	HAYNES M D MR		7/03/2017	27/11/2018	1	DARO	PSA MAY 2019 & WRITE
CAH	UROLOGY	UROLOGY(C)	HAYNES M D MR		8/05/2018	27/11/2018	1	DARO	CT NOV 2019 & WRITE
CAH	UROLOGY	UROLOGY(C)	HAYNES M D MR		5/10/2018	27/11/2018	1	DARO	PSA FEB 2019 & WRITE
CAH	UROLOGY	UROLOGY(C)	O'DONOGHUE J P MR		7/11/2018	27/11/2018	1	DARO	REV AFTER CT JAN 19 KH
CAH	UROLOGY	UROLOGY(C)	YOUNG M MR		7/11/2018	27/11/2018	1	DARO	AWAIT PATHOLOGY & MDT
CAH	UROLOGY	UROLOGY(C)	YOUNG M MR		9/09/2018	27/11/2018	1	DARO	AWAIT USS RESULTS
CAH	UROLOGY	UROLOGY(C)	GLACKIN A.J MR		1/11/2018	28/11/2018	1	DARO	JAN 2018 PSA
CAH	UROLOGY	UROLOGY(C)	GLACKIN A.J MR		1/10/2018	28/11/2018	1	DARO	CT
CAH	UROLOGY	UROLOGY(C)	GLACKIN A.J MR		1/10/2018	28/11/2018	1	DARO	MRI AND REVIEW
CAH	UROLOGY	UROLOGY(C)	GLACKIN A.J MR		1/10/2018	28/11/2018	1	DARO	psa, bone and U+E and write
CAH	UROLOGY	UROLOGY(C)	GLACKIN A.J MR		1/02/2018	28/11/2018	1	DARO	PSA MAY 2019
CAH	UROLOGY	UROLOGY(C)	GLACKIN A.J MR		1/10/2018	28/11/2018	1	DARO	bloods and write
CAH	UROLOGY	UROLOGY(C)	HAYNES M D MR		1/06/2018	28/11/2018	1	DARO	PSA MARCH 2019 & WRITE
CAH	UROLOGY	UROLOGY(C)	HAYNES M D MR		1/10/2017	28/11/2018	1	DARO	PSA MAY 2019 & WRITE
CAH	UROLOGY	UROLOGY(C)	HAYNES M D MR		1/12/2014	28/11/2018	1	DARO	PSA APRIL 2019 & WRITE
CAH	UROLOGY	UROLOGY(C)	HAYNES M D MR		1/02/2018	28/11/2018	1	DARO	PSA MAY 2019 & WRITE
CAH	UROLOGY	UROLOGY(C)	HAYNES M D MR		1/05/2017	28/11/2018	1	DARO	PSA JAN 2019 & WRITE

CAH	UROLOGY	UROLOGY(C)	HAYNES M D MR	Personal Information redacted by USI	08/02/2016	28/11/2018	1	DARO	PSA FEB 2019 & WRITE
CAH	UROLOGY	UROLOGY(C)	HAYNES M D MR		17/08/2017	28/11/2018	1	DARO	PSA MAY 2019 & WRITE
CAH	UROLOGY	UROLOGY(C)	HAYNES M D MR		03/10/2018	28/11/2018	1	DARO	PSA FEB 2019 & WRITE
CAH	UROLOGY	UROLOGY(C)	HAYNES M D MR		04/10/2016	28/11/2018	1	DARO	PSA MAY 2019 & WRITE
CAH	UROLOGY	UROLOGY(C)	HAYNES M D MR		21/02/2015	28/11/2018	1	DARO	PSA FEB 2019 & WRITE
CAH	UROLOGY	UROLOGY(C)	HAYNES M D MR		28/01/2015	28/11/2018	1	DARO	PSA MAY 2019 & WRITE
CAH	UROLOGY	UROLOGY(C)	HAYNES M D MR		04/11/2016	28/11/2018	1	DARO	PSA APRIL 2019 & WRITE
CAH	UROLOGY	UROLOGY(C)	HAYNES M D MR		03/05/2016	28/11/2018	1	DARO	PSA FEB 2019 & WRITE
CAH	UROLOGY	UROLOGY(C)	HAYNES M D MR		08/06/2018	28/11/2018	1	DARO	PSA MARCH 2019 & WRITE
CAH	UROLOGY	UROLOGY(C)	HAYNES M D MR		08/06/2018	28/11/2018	1	DARO	PSA FEB 2019 & WRITE
CAH	UROLOGY	UROLOGY(C)	HAYNES M D MR		29/06/2018	28/11/2018	1	DARO	PSA FEB 2019 & WRITE
CAH	UROLOGY	UROLOGY(C)	HAYNES M D MR		11/09/2018	28/11/2018	1	DARO	MRI & DISCUSS @ MDT
CAH	UROLOGY	UROLOGY(C)	HAYNES M D MR		11/05/2016	28/11/2018	1	DARO	PSA MAY 2019 & WRITE
CAH	UROLOGY	UROLOGY(C)	HAYNES M D MR		01/08/2016	28/11/2018	1	DARO	PSA MARCH 2019
CAH	UROLOGY	UROLOGY(C)	O'DONOGHUE J P MR		08/10/2018	28/11/2018	1	DARO	TRUS BIOPSY DH
CAH	UROLOGY	UROLOGY(C)	O'DONOGHUE J P MR		27/09/2018	28/11/2018	1	DARO	RF TRUS BIOPSY ME
CAH	UROLOGY	UROLOGY(C)	HAYNES M D MR		20/03/2017	29/11/2018	1	DARO	PSA JULY 2019 & WRITE
CAH	UROLOGY	UROLOGY(C)	HAYNES M D MR		20/02/2018	29/11/2018	1	DARO	PSA MARCH 2019 & WRITE
CAH	UROLOGY	UROLOGY(C)	HAYNES M D MR		25/10/2017	29/11/2018	1	DARO	PSA APRIL 2019 & WRITE
CAH	UROLOGY	UROLOGY(C)	HAYNES M D MR		26/11/2018	29/11/2018	1	DARO	HISTOLOGY & WRITE
CAH	UROLOGY	UROLOGY(C)	HAYNES M D MR		24/10/2018	29/11/2018	1	DARO	HISTOLOGY @ MDM
CAH	UROLOGY	UROLOGY(C)	HAYNES M D MR		13/09/2016	29/11/2018	1	DARO	PSA JAN 2019 & WRITE
CAH	UROLOGY	UROLOGY(C)	HAYNES M D MR		11/05/2017	29/11/2018	1	DARO	PSA MARCH 2019 & WRITE
CAH	UROLOGY	UROLOGY(C)	HAYNES M D MR		20/12/2016	29/11/2018	1	DARO	PSA JAN 2019 & WRITE

CAH	UROLOGY	UROLOGY(C)	HAYNES M D MR	Personal Information redacted by USI	17/10/2017	29/11/2018	1	DARO	PSA MARCH 2019 & WRITE
CAH	UROLOGY	UROLOGY(C)	O'DONOGHUE J P MR		27/09/2018	29/11/2018	1	DARO	MDT
CAH	UROLOGY	UROLOGY(C)	YOUNG M MR		30/10/2018	29/11/2018	1	DARO	AWAIT CT/MDT
CAH	UROLOGY	UROLOGY(C)	YOUNG M MR		23/06/2018	29/11/2018	1	DARO	AWAIT CT KUB RESULTS
DHH	UROLOGY	UROLOGY(C)	GENERAL UROLOGIST A		21/10/2018	29/11/2018	1	DARO	AWAIT USS RESULTS
CAH	UROLOGY	UROLOGY(C)	GLACKIN A.J MR		24/01/2012	30/11/2018	1	DARO	CT NOV 2019
CAH	UROLOGY	UROLOGY(C)	GLACKIN A.J MR		07/08/2017	30/11/2018	1	DARO	URGENT CT REV (BOOK AS EXTRA)
CAH	UROLOGY	UROLOGY(C)	GLACKIN A.J MR		30/04/2015	30/11/2018	1	DARO	USS NOV 2019
CAH	UROLOGY	UROLOGY(C)	HAYNES M D MR		28/11/2018	30/11/2018	1	DARO	USS MAY 2019 & WRITE
CAH	UROLOGY	UROLOGY(C)	HAYNES M D MR		23/10/2018	30/11/2018	1	DARO	MRI SPINE
CAH	UROLOGY	UROLOGY(C)	O'BRIEN A MR		15/11/2018	30/11/2018	1	DARO	BONE SCAN PER AOB
CAH	UROLOGY	UROLOGY(C)	YOUNG M MR		16/11/2018	30/11/2018	1	DARO	CT & REVIEW MDM PER O/C SHEET
CAH	UROLOGY	UROLOGY(C)	YOUNG M MR		06/08/2018	30/11/2018	1	DARO	CT THEN REV STONE CLINIC

Urology MDM @ The Southern Trust

[redacted]

[redacted]

[redacted] Hospital Number: [redacted], HCN [redacted]

Dear Dr

This patient was discussed at the Urology MDM @ The Southern Trust
On 29/08/2019.

MDM Update:

CONSULTANT MR O'BRIEN: This [redacted] year old man was referred in June 2019 with serum PSA levels of 19.16 ng/ml in May 2019 and of 19.81 ng/ml in June 2019. He reported mild urinary symptoms at review in July 2019, consisting of a sensation of unsatisfactory voiding following micturition, and of nocturia, having to rise once or twice each night to pass urine. He was noted to have been taking Finasteride since 2010 and Oxybutynin since 2016. He was found to have an enlarged prostate gland on examination. He was reported to have a prostatic volume of 40 ml on MRI scanning in July 2019, when it was reported that he had a PIRADS 3 lesion within the anterior transition zone, and PIRADS 5 features with the peripheral zones of both lateral lobes.

An ultrasound scan of urinary tract and transrectal, ultrasound guided, prostatic biopsies were requested.

TRUS biopsy, 20.08.19 -
Prostatic adenocarcinoma of overall Gleason sum score 4 + 3 = is present in 7 of 20 cores with a maximum tumour length of 6 mm. The tumour occupies approximately 8% of the total tissue volume.

MDM Plan:

Discussed at Urology MDM 29.08.19.
[redacted] has high risk prostate cancer. For review with Mr O'Brien to organise a Bone Scan, CT Chest, Abdomen and Pelvis. For further discussion at MDM with radiology results.

If you have any queries or require further information, please do not hesitate to contact us.

Yours sincerely,

Urology MDM @ The Southern Trust

RE: Personal Information redacted by the USI

Personal Information redacted by the USI Hospital Number: Personal Information redacted by the USI , HCN: Personal Information redacted by the USI

Chairman of Urology MDM
Mr [redacted]
Consultant Urologist

Urology MDM @ The Southern Trust

RE: Personal Information redacted by the USI Personal Information redacted by the USI **Hospital Number:** Personal Information redacted by the USI , HCN Personal Information redacted by the USI

MDM Plan:

Discussed at Urology MDM 07.11.19. This patient is not for discussion. **NO GP LETTER**

If you have any queries or require further information, please do not hesitate to contact us.

Yours sincerely,

Chairman of Urology MDM
Mr [redacted]
Consultant Urologist

Urology MDM @ The Southern Trust

RE: Personal Information redacted by the USI
Personal Information redacted by the USI Hospital Number: Personal Information redacted by the USI , HCN Personal Information redacted by the USI

Dear Dr

This patient was discussed at the Urology MDM @ The Southern Trust
On 29/08/2019.

MDM Update:

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An ultrasound scan of urinary tract and transrectal, ultrasound guided, prostatic biopsies were requested.

TRUS biopsy, 20.08.19 -
Prostatic adenocarcinoma of overall Gleason sum score 4 + 3 = is present in 7 of 20 cores with a maximum tumour length of 6 mm. The tumour occupies approximately 8% of the total tissue volume.

MDM Plan:

Discussed at Urology MDM 29.08.19.
Personal Information redacted by the USI has high risk prostate cancer. For review with Mr O'Brien to organise a Bone Scan, CT Chest, Abdomen and Pelvis. For further discussion at MDM with radiology results.

If you have any queries or require further information, please do not hesitate to contact us.

Yours sincerely,

Urology MDM @ The Southern Trust

RE: Personal Information redacted by the USI

Personal Information redacted by the USI, Hospital Number: Personal Information redacted by the USI, HCN: Personal Information redacted by the USI

Chairman of Urology MDM
Mr [redacted]
Consultant Urologist

Urology MDM @ The Southern Trust

RE: Personal Information redacted by the USI

Personal Information redacted by the USI Hospital Number: Personal Information redacted by the USI , HCN: Personal Information redacted by the USI

Dear Dr

This patient was discussed at the Urology MDM @ The Southern Trust
On 07/11/2019.

Diagnosis: Prostate cancer
Gleason Score 4 + 3

MDM Update:

RE: Personal Information redacted by the USI

Personal Information redacted by the USI Hospital Number: Personal Information redacted by the USI , HCN: Personal Information redacted by the USI

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An ultrasound scan of urinary tract and transrectal, ultrasound guided, prostatic biopsies were requested.

TRUS Biopsy, 20.08.19 - Prostatic adenocarcinoma of overall Gleason sum score 4 + 3 = is present in 7 of 20 cores with a maximum tumour length of 6 mm. The tumour occupies approximately 8% of the total tissue volume.

Discussed at Urology MDM 29.08.19. Personal Information redacted by the USI has high risk prostate cancer. For review with O'Brien to organise a Bone Scan, CT Chest, Abdomen and Pelvis. For further discussion at MDM with radiology results.

Personal Information redacted by the USI was advised of the histopathological diagnosis of prostatic carcinoma on 23 September 2019 when his serum PSA had increased to 21.8 ng/ml and his serum testosterone was 19.3 nmol/L. He was prescribed Bicalutamide 150 mg daily and Tamoxifen 10 mg daily while awaiting completion of imaging. The medication was accompanied by intolerable adverse toxicity, mainly in the form of light headedness, and to the extent that he lost the confidence to drive. He was advised to discontinue taking both on 14 October 2019, and to resume taking Bicalutamide 50 mg daily alone on 01 November 2019. A bone scan and CT scan of chest, abdomen and pelvis were requested. A review on 11 November 2019 was arranged.

CT, 28.10.19 - No evidence of metastatic disease.

Bone scan, 31.10.19 - The bone scan appearances are considered to be unremarkable. Presumed degenerative change at L5. No convincing evidence to suggest a pattern of osteoblastic metastasis.

Discussed at Urology MDM 31.10.19. Review with Mr O'Brien as arranged. Personal Information redacted by the USI has intermidate risk prostate cancer to start ADT and refer for ERBT.

Personal Information redacted by the USI has review appointment with Mr O'Brien on 11.11.19.

Urology MDM @ The Southern Trust

RE: Personal Information redacted by the USI

DOB: Personal Information redacted by the USI Hospital Number: Personal Information redacted by the USI , HCN Personal Information redacted by the USI

MDM Plan:

Discussed at Urology MDM 07.11.19. This patient is not for discussion. **NO GP LETTER**

If you have any queries or require further information, please do not hesitate to contact us.

Yours sincerely,

Chairman of Urology MDM
Mr [redacted]
Consultant Urologist

Urology MDM @ The Southern Trust

RE: Personal Information redacted by the USI

DOB: Personal Information redacted by the USI Hospital Number: Personal Information redacted by the USI , HCN: Personal Information redacted by the USI

Dear Dr

This patient was discussed at the Urology MDM @ The Southern Trust
On 31/10/2019.

Diagnosis: Prostate cancer
Gleason Score 4 + 3

MDM Update:

Urology MDM @ The Southern Trust

RE: Personal Information redacted by the USI

DOB: Personal Information redacted by the USI Hospital Number: Personal Information redacted by the USI , HCN: Personal Information redacted by the USI

CONSULTANT MR O'BRIEN: This year old man was referred in June 2019 with serum PSA levels of 19.16 ng/ml in May 2019 and of 19.81 ng/ml in June 2019. He reported mild urinary symptoms at review in July 2019, consisting of a sensation of unsatisfactory voiding following micturition, and of nocturia, having to rise once or twice each night to pass urine. He was noted to have been taking Finasteride since 2010 and Oxybutynin since 2016. He was found to have an indurated prostate gland on examination. He was reported to have a prostatic volume of 40 ml on MRI scanning in July 2019, when it was reported that he had a PIRADS 3 lesion within the anterior transition zone, and PIRADS 5 features with the peripheral zones of both lateral lobes.

An ultrasound scan of urinary tract and transrectal, ultrasound guided, prostatic biopsies were requested.

TRUS biopsy, 20.08.19 -
Prostatic adenocarcinoma of overall Gleason sum score 4 + 3 = is present in 7 of 20 cores with a ximum tumour length of 6 mm. The tumour occupies approximately 8% of the total tissue lume.

Discussed at Urology MDM 29.08.19.
Personal Information redacted by the USI has high risk prostate cancer. For review with Mr O'Brien to organise a Bone Scan, CT Chest, Abdomen and Pelvis. For further discussion at MDM with radiology results.

Personal Information redacted by the USI was advised of the histopathological diagnosis of prostatic carcinoma on 23 September 2019 when his serum PSA had increased to 21.8 ng/ml and his serum testosterone was 19.3 nmol/L. He was prescribed Bicalutamide 150 mg daily and Tamoxifen 10 mg daily while awaiting completion of imaging. The medication was accompanied by intolerable adverse toxicity, mainly in the form of light headedness, and to the extent that he lost the confidence to drive. He was advised to discontinue taking both on 14 October 2019, and to resume taking Bicalutamide 50 mg daily alone on 01 November 2019. A bone scan and CT scan of chest, abdomen and pelvis were requested. A review on 11 November 2019 was arranged.

CT, 28.10.19 - No evidence of metastatic disease.

Bone scan, 31.10.19.

MDM Plan:

Urology MDM @ The Southern Trust

RE: Personal Information redacted by the USI

DOB: Personal Information redacted by the USI Hospital Number: Personal Information redacted by the USI , HCN Personal Information redacted by the USI

Discussed at Urology MDM 31.10.19.
Review with Mr O'Brien as arranged.
Personal Information redacted by the USI has intermediate risk prostate cancer to start ADT and refer for ERBT.

If you have any queries or require further information, please do not hesitate to contact us.

Yours sincerely,

Chairman of Urology MDM
Mr [redacted]
Consultant Urologist

From: Corrigan, Martina [redacted]
Personal Information redacted by the USI
Sent: 04 March 2016 13:40
To: Mackle, Eamon; Haynes, Mark; Glackin, Anthony; O'Brien, Aidan; Young, Michael; ODonoghue, JohnP
Subject: Actions from AMD and Urology Consultant Meeting

Importance: High
Sensitivity: Confidential

Dear all,

To formalise, please see the notes/actions arising from today's meeting.

Present: Mr Mackle, Mr Young, Mr Glackin, Mr O'Donoghue, M Corrigan. Apologies : Mr O'Brien, Mr Haynes

Mr Mackle advised that the purpose of the meeting today was to follow on from the last meeting which was held on 17 December 2015 as he has a meeting with Medical Director at end of March and he will need to update him on what has been put in place.

Actions agreed:

1. Mr Young to meet with Mr Suresh this week/early next week and explain what processes are being put in place for cover/support/mentorship for him and also to explain to him why the Team are doing this for him. (Mr Young to update when this happens)
2. Mr Mackle to meet with Mr Suresh on Wednesday 16 March 2016 at 2:30pm in AMD office, M Corrigan to organise
3. Mr Mackle and Mr Young to advise him that he should be seeking appropriate courses that will assist him in building up his surgical and decision making skills and that Mr Mackle will approve if these are appropriate.
4. A Multi-disciplinary feedback questionnaire should be completed and collated within the Team (not linked to the 360 feedback) – M Corrigan to organise and will collate responses. This will be used as constructive feedback for Mr Suresh
5. Formalise evening cover and the purpose of this will be explained to Mr Suresh in his meeting with Mr Mackle and Mr Young.
   Mr Young to formalise after discussions with the rest of the Team and that this should be shared with all the Team, Mr Mackle and M Corrigan. Mr Suresh is going back oncall on Thursday 17 March (Bank Holiday), Mr Young has agreed that he will do the handover Ward Round and cover Mr Suresh on this day.
6. Formalise the Ward rounds with one of the Consultant Team accompanying Mr Suresh each day (except Thursday) Weekends to be agreed on what cover needs to be provided and the team are going to work this up and share with Mr Mackle and M Corrigan.
7. The Consultants involved in the 'second on call' and Ward Rounds will be renumerated by ½ PA – M Corrigan to organise.

A further meeting in 3 months to be organised in order to update on progress – M Corrigan to confirm date.

Regards

Martina

Martina Corrigan
Head of ENT, Urology and Outpatients
Southern Health and Social Care Trust
Craigavon Area Hospital

From: Corrigan, Martina [redacted]
Sent: 02 April 2016 19:09
To: Suresh, Ram
Cc: Mackle, Eamon
Subject: Actions from AMD and Mr Suresh Meeting

Importance: High
Sensitivity: Confidential

Dear Ram

To formalise, please see the notes/actions arising from your meeting with Eamon and I on 23 March 2016.

Present: Mr Mackle, Mr Suresh, Mrs Corrigan.
Venue: Associate Medical Directors Office, Admin Floor, Craigavon Area Hospital

Mr Mackle advised that the purpose of the meeting was to follow up from the meetings that Mr Young and Mr O'Brien had with Mr Suresh.

Actions agreed:

1. Mr Mackle asked Mr Suresh to source appropriate courses that will assist him in building up his surgical and decision making skills and that Mr Mackle will approve if these are appropriate.
   Mr Suresh to Source and provide details of courses to Mr Mackle/Mrs Corrigan by Friday 22 April 2016 so that arrangements can be made to approve/attend if deemed appropriate.
2. A Multi-disciplinary feedback questionnaire should be completed and collated within the Team (not linked to the 360 feedback) – Mrs Corrigan to organise and will collate responses. This will be used as constructive feedback for Mr Suresh and will be strictly confidential.
3. Formalise evening cover for all oncall weeks for Mr Suresh.
   Mr Young has agreed to formalise after discussions with the rest of the Team and that this will be shared with all the Team, Mr Mackle and Mrs Corrigan.

   Formalise the Ward rounds with one of the Consultant Team accompanying Mr Suresh each day (except Thursday) Weekends to be agreed on what cover needs to be provided and the team are going to work this up and share with Mr Mackle and Mr Suresh and Mrs Corrigan.
4. Mr Suresh to arrange to attend theatres with the other consultants in order to train in his surgical skills. The details of when and what cases he is involved in should be logged and shared with Mr Mackle/Mrs Corrigan – this should be provided on a monthly basis.

A further meeting in 3 months to be organised in order to update on progress – Mrs Corrigan to confirm date.

Regards

Martina

Martina Corrigan
Head of ENT, Urology and Outpatients
Southern Health and Social Care Trust
Craigavon Area Hospital

Telephone: [redacted]
Mobile: [redacted]

From: Suresh, Ram <Personal Information redacted by the USI>
Sent: 18 April 2016 17:57
To: Mackle, Eamon
Cc: Young, Michael; Corrigan, Martina
Subject: Action Plan
Attachments: ksuresh courses.pdf; Other theatre sessions.xlsx

Dear Mr Mackle,

Further to the meeting we had on 23rd March 2016, I would like to furnish my action plan, which I have attached to this email.
I have also attached the details of the 'extra theatre sessions', I managed to attend so far.

I would like to avail this opportunity to thank you and my colleagues for the kind support and help offered.

Kind regards

Ram Suresh
Consultant urologist.

Action Plan

Type of Action	Details of Action	Outcome	Comments
Formal and Informal Discussions	Engaged in discussions with my consultant colleagues – Mr Young, Mr O'Brien, Mr Glackin, Mr Haynes and Mr O'Donoghue. Requested my colleagues to inform me of any major urological emergency, even if out of hours, so that I can avail the opportunity to observe and assist.	Finalised days/time to attend extra theatres for observation of major open cases	I am liaising with the secretaries to keep me up to date on current theatre schedules for major cases
Theatre Observations	Attended various theatre sessions to observe and to assist major cases	Improved my confidence and skills in open cases	All such theatre sessions attended are recorded on a separate log book
Research / Booking of Suitable courses	Engaged in independent research about suitable courses. Contacted BAUS Office of Education and the organisers to obtain course details	Identified three courses* which will enable me to gain hands on skills	To book the courses, soon after the announcement.

*Courses Identified

1. Advanced Cadaveric Trauma Emergency Surgery Course (ACTs)
   Date: September 26, 2016 Emailed Newcastle surgical training centre and is awaiting registration

2. Cadaveric Course Module 3- Male and female urinary incontinence – Probably in Oct 2016. Date yet to be announced.

3. Cadaveric Course Module 4- Emergency and Trauma Urology cadaveric course- Probably in Oct 2016, Date yet to be announced.

Kothandaraman Suresh Consultant Urologist 17/04/2016

CRAIGAVON AREA HOSPITAL Mr SURESH, Consultant Urologist

Other theatre sessions

TIME	TCI DATE	H+C	FORENAME	SURNAME	DOB/AGE	PROCEDURE/ OPERATION done	Main Consultant	Comments
	23/03/2016	[redacted]	Personal Information redacted by the USI			Laparotomy, repair of VVF & rectal injury	AOB	
	24/03/2016					Repeat Right urterolysis & segmental excision of right ureter	AOB	
	08/04/2016					Laparoscopic left radical nephrectomy	AG	
	13/04/2016					Marsupilisation of right renal cyst, refashioning & reimplantatio	AOB	

Angela Kerr

From: [redacted]
Sent: 12 June 2016 17:52
To: O'Brien, Aidan
Subject: Re: KS

I've to do a letter re all this and this may be why lack of payment. I will do next week. Others have covered a bit but as you say some have been conspicuous by their absence.

Sent from M.Y. iPhone

On 12 Jun 2016, at 17:45, O'Brien, Aidan <[redacted]> wrote:

> Michael,
>
> We discussed other matters at the Meeting on Thursday, and Ram was there throughout.
> In any case, I think that you and I have been the only two to provide any actual support.
>
> I was keen to share my comments.
> Whilst they are sincere, I also share with you that Ram has probably decided not to pursue the other option elsewhere.
> His continued improvement here, and our consensus that he has done so, are very important factors in his decision making, and not to be underestimated.
> I believe that Ram is to be support, not undermine, as the latter will result in the baby being thrown out with the bathwater,
>
> I also emailed Martina to remind her that remuneration of a half PA had also been agreed in the support package, and that I was unaware of it materialising.
> Mind you, I think that we may be the only two to deserve it,
>
> Aidan.

From: [redacted]
Sent: 12 June 2016 16:48
To: O'Brien, Aidan
Cc: Corrigan, Martina
Subject: Re: KS

It appears my text did not get through. And I thought this was discussed at Thursday's meeting?? I agree with your comments. I'm in Erne tomorrow but can pick up Tuesday.

Sent from M.Y. iPhone

On 12 Jun 2016, at 16:26, O'Brien, Aidan [redacted] wrote:

> Martina,
>
> In Michael's absence, I am unaware of any support having been offered.
> In any case, I have provided Ram with support since Thursday morning when he came on call.
> I have gone over the management of each inpatient with him, as I have done again today.

I take this opportunity to share my opinion that Ram has made every effort to improve his management of inpatients while on call and that he has succeeded.
In fact, I have been impressed this weekend with his diligence, picking up one or two omissions of mine last week.
I think that he is now up to speed and as good as the rest of us.
Ram's ability to undertake major open surgical intervention, particularly in a very acute setting, is distinct from his general clinical management of inpatients.
I believe that we had better get used to the fact that only a proportion of urologists completing their training these days would be able to do so, and would not be expected to do so.

So, I do believe that Ram has made great progress and is keen to improve his open surgical competence.
I also believe that he deserves and has earned our ongoing support.

Aidan.

From: Corrigan, Martina
Sent: 07 June 2016 17:39
To: Young, Michael; (Personal Information redacted by the USI)
Cc: ODonoghue, JohnP; Haynes, Mark; Glackin, Anthony; O'Brien, Aidan; Carroll, Ronan
Subject: KS

Hi Michael

I was just looking at the rota and I note that Ram is coming oncall this Thursday 9 June 2016.

As per previous conversations and emails (attached) it was agreed that:

Formalise evening cover for all oncall weeks for Mr Suresh.
Mr Young hos agreed to formalise after discussions with the rest of the Team and that this will be shared with all the Team, Mr Mackle and Mrs Corrigan

Just wondering is there a plan in place for this coming week/weekend?

Thanks

Martina

Martina Corrigan
Head of ENT, Urology and Outpatients
Southern Health and Social Care Trust
Craigavon Area Hospital

Telephone: Personal Information redacted by the USI
Mobile: Personal Information redacted by the USI
Email: Personal Information redacted by the USI

Southern Health
and Social Care Trust

Interim Director of Acute
Services

Administration Floor

Craigavon Area Hospital

27th September 2010 Ref: GR/pl/lw

Mr A O'Brien
Consultant
CAH

Dear Mr O'Brien

I am in receipt of correspondence in relation to 3 patients. In each case you have written to the patient, the General Practitioner and Mr Hagan Consultant Urologist in Belfast City Hospital.

Each of these patients has been transferred to the City Hospital for further management by Mr Hagan. I understand that you expected and wished to carry out this surgery yourself in Craigavon Area Hospital, but following contact from our Commissioner the Trust was obliged to refer the patients to Belfast.

It is of great concern that you have indicated to a patient, (in advance of a care pathway being agreed) your preferred management of the case. I believe that this puts inappropriate pressure on the receiving team and is regrettable. I understand that the transfer of these patients, with whom you may already have formed a good therapeutic relationship, was somewhat unexpected.

There is another difficult area which we are currently examining – the intravenous therapy (IVT) cohort. Since we have internal agreement that the future care pathway of these patients will be subject to a multi-disciplinary decision I do not want you to write to any of these patients individually. Any outcome of the multi-disciplinary team should be "signed off" by that team and only an agreed communication sent/provided to each patient.

Please acknowledge your agreement by return.

Yours sincerely

Personal Information redacted by USI

Dr Gillian Rankin
Interim Director of Acute Services

Craigavon Area Hospital, 68 Lurgan Road, Portadown, County Armagh, BT63 5QQ Tel No Personal Information redacted by the USI
Fax No Personal Information redacted by the USI Email Address Personal Information redacted by the USI

From: Mackle, Eamon [redacted]
Sent: 05 August 2011 14:34
To: Diane.Corrigan [redacted]
Cc: O'Brien, Aidan; Rankin, Gillian; Simpson, John
Subject: Cystectomies in the Southern Trust

Diane

Following the concerns regarding the number of benign cystectomies being performed in the Southern Trust I met with Mr Marcus Drake, Senior Lecturer in Urology, University of Bristol and discussed the concerns raised. He then came over to CAH and he reviewed the patient's notes for the more recent procedures.
His conclusions are as follows:-

conclusions
9.1 The majority of cases appear to have been managed with compassion and consideration
9.2 The cases in general appear to have been supportable clinical grounds.
9.3 The documentation is insufficiently comprehensive, and in order to warrant proceeding to cystectomy, clear description of the following is needed; severe pathology, substantial functional impairment and impact on quality of life, attempts to undertake conservative measures, discussion of risks involved.
9.4 More comprehensive review of notes may identify documentation addressing some of the points in 9.3
9.5 An issue that stands out is failure to plan for possible voiding dysfunction in a lady receiving bladder botulinum injections who was averse to catheterisation.
9.6 Inpatient management of infection as seen in one of the cases should be undertaken in the context of specialist input from a multidisciplinary team including microbiology
He essentially did not have any major concerns regarding the overall practice. He felt that this group of patients can be very complex and difficult to manage. He stated that often the problem can be getting a surgeon to take them on as patients because they can become one's albatross. He did feel that for a couple of patients he would have preferred more comprehensive notes but didn't feel that this was sufficient grounds to warrant serious concerns. He also expressed concerns the in-patient management of infection in one of the cases and I pointed out that this has already been addressed and that the Urologists are involving the Microbiologists and the CD as part of a treatment plan when the use of antibiotics is being considered.

Eamon

Copy only

Southern Health and Social Care Trust

19 August 2011

STRICTLY PRIVATE AND CONFIDENTIAL

Personal Information redacted by the USI

Dear Mr O'Brien

RE: ISSUE OF INFORMAL WARNING

I refer to our meeting on 23 June 2011 with regard to the following concern:

1. You disposed of a large section of patient filing in a bin, which was later found and retrieved by an auxiliary on the ward. The filing consisted of fluid balance charts, mews charts, TPN prescription forms, Aminoglycosides prescription forms and prescription Kardex for an inpatient on the Ward.

I now write to confirm to you that as part of the Trust's Disciplinary Procedure, you will be issued with an informal warning in respect of this concern. This warning will remain valid for a period of six months. It is noted that during our meeting, you confirmed that you accepted your action was wrong and that it would not occur again.

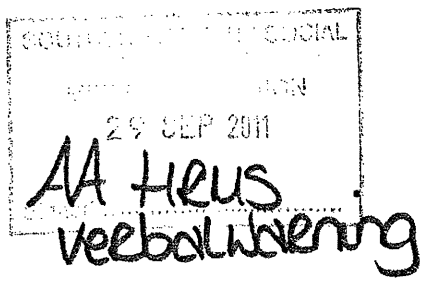
You have the right to appeal this decision. Should you wish to appeal you must write to Mr E Mackle, Associate Medical Director within seven working days of receipt of this letter, stating the grounds of your appeal.

Yours sincerely

Personal Information redacted by USI

pp

Mr R Brown
Surgical Clinical Director



Copy to: **Mr E Mackle Associate Medical Director**

Southern Health and Social Care Trust

23 March 2016

Mr Aidan O'Brien,
Consultant Urologist
Craigavon Area Hospital

Dear Aidan,

We are fully aware and appreciate all the hard work, dedication and time spent during the course of your week as a Consultant Urologist. However, there are a number of areas of your clinical practice causing governance and patient safety concerns that we feel we need to address with you.

1. Untriaged outpatient referral letters

There are currently 253 untriaged letters dating back to December 2014. Lack of triage means we do not know whether the patients are red-flag, urgent or routine. Failure to return the referrals to the Booking Centre means that the patients are only allocated on a chronological basis with no regard to urgency.

2. Current Review Backlog up to 29 February 2016

Total in Review backlog = 679

2013	41
2014	293
2015	276
2016	69

We need assurances that there are no patients contained within this backlog that are Cancer Surveillance patients. We are aware that you have a separate oncology waiting list of 286 patients; the longest of whom was to have been seen in September 2013. Without a validation of the backlog we have no assurance that there are not clinically urgent patients on the list. Therefore we need a plan on how these patients will be validated and proposals to address this backlog.

3. Patient Centre letters and recorded outcomes from Clinics

Consultant colleagues from not only Urology but also other specialties are frustrated that there is often no record of your consultations/discharges on Patient Centre or in the patients' notes. Validation of waiting lists has also highlighted this issue. If your

Surgical And Elective Division, Acute Directorate, Craigavon Area Hospital, 68 Lurgan Road, Portadown, Craigavon, Co Armagh BT63 5QQ Telephone: Irrelevant information redacted by USI

to me. I provided the chart that was requested. I also relayed to Ms Corrigan the following at 4.09pm on 14th November 2016:

> "Martina,
>
> Personal information redacted by the USI, I expect to be home again over the weekend.
>
> I expect that I will be well enough to dictate correspondence concerning patients and have charts delivered to Noleen's office for typing.
>
> I would greatly appreciate if I could be afforded this opportunity to have all charts returned in this manner,
>
> Thank you,
>
> Aidan"

The "Noleen" referred to is my secretary, Ms Noleen Elliot. Ms Corrigan responded to this email 5.49pm on 14th November 2016, stating:

> "Aidan,
>
> I am more than happy with this plan, please let me know if there is anything I can do to assist.
>
> By any chance could {PATIENT CHART NAME & NUMBER} be left in as I have had governance looking for this chart as well.
>
> Wishing you all the best for Thursday, please take care
>
> Talk soon
>
> Kind Regards
>
> Martina"

I also confirmed that I had returned the chart whose name and number I have redacted. I left work the following day [redacted] I had spent the previous months between March 2016 and November 2016 trying to clear the review backlog, particularly as it related to cancer patients, in addition to all of my other commitments in 2016. I was doing so without support from management. I made the suggestion of that plan to Ms Corrigan unaware that senior managers within the Trust had for some time been taking action to commence formal investigations into my practice, or that an Oversight Committee had been established and had already decided two months previously to launch a Formal Investigation, or that the Trust Guidelines had been engaged, and breached.

Ms Corrigan was one of the two individuals who gave me the letter of 23rd March 2016 and I believe that it was reasonable to expect that I could communicate a plan of action to her. In her email response above, Ms Corrigan clearly accepted this plan of proposed action that I should

continue to work whilst I was off on Personal Information redacted Personal information redacted by the USI This plan would have resolved most of the concerns about my administrative practice. I continued to work the following day and then I went on leave to undergo my surgery.

My plan was disrupted somewhat when I experienced Personal Information redacted by the USI During this period, I was in a great deal of pain and discomfort. Yet, I continued to work at home. However, I responded well to antibiotic treatment and was able to cancel that readmission. Despite that disruption, I was able to reduce significantly the undictated letters by the time I received the invitation of a meeting with the Medical Director on 30th December 2016, by continuing to work from home during my prolonged recovery Personal information redacted by the USI Personal Information leave. In the investigation, the number of undictated letters was stated to be over 600. I doubt that it was ever that high and it has never been made clear to me where this number came from. However, by the time of my exclusion, the number was reduced to 189. I have provided the documentation to the Case Investigator which sets this out, and I have attached a copy in the schedule of documents at Tab 17.

When the Oversight Committee met on 22nd December 2016, they were clearly made aware that I was undertaking this dictation on my Personal Information leave as it is stated in the record at Tab 14 that, "*It was noted as part of this investigation that Dr O'Brien has been undertaking dictation whilst he was on* Personal Information *leave*".

Despite having knowledge of this agreed plan, the Oversight Committee decided to proceed with a formal investigation into these issues. In the Trust Guidelines at Tab 4, it is stated at Appendix 1 (page 9) that following the informal plan being agreed and implemented with the practitioner, the Clinical Manager monitors the plan and provides regular feedback to the Oversight Committee regarding compliance. It is in instances where the practitioner fails to engage in the informal process that management of the concern will move to the formal process.

Accordingly, the Trust has manifestly committed a further breach of procedure by moving to a formal process whilst I was fully engaged in an agreed action plan.

It is clear that the Trust Management had entirely abandoned any pretence of following the Trust Guidelines at this time. There is nothing in the documentation before me that NCAS was informed that I was compliant with an action plan approved by a Trust manager, and that such compliance continued a time when I was on Personal Information Personal information redacted by the USI Personal information redacted by the USI

Even in circumstances where the Trust Guidelines were not invoked for whatever reason, it would remain an unreasonable course of action for management to break with a plan that I had agreed with an appropriate manager and with which I was complying. I had a reasonable expectation that I would be given time to address these concerns in this way.

The Trust's actions in this regard further breach Clause 3 of my Contract of Employment (Tab 3).

2.4 The Decision-making and Investigations at or around December 2016

From:
Sent:
To:
Subject:

-----Original Message-----
From: aidanpobrien [redacted]
To: Martina.Corrigan [redacted]
Sent: Tue, 22 Feb 2011 16:21
Subject: Re: URGENT Triaging letters

Martina,

I will come in this or tomorrow evening to triage letters, and will have them up to date by Friday.

Aidan.

-----Original Message-----
From: Corrigan, Martina <[redacted]>
To: [redacted]; [redacted] Akhtar, Mehmood <[redacted]>; O'Brien, Aidan <[redacted]>; Young, Michael Mr <[redacted]>
CC: Glenny, Sharon <[redacted]>; Dignam, Paulette <[redacted]>; Hanvey, Leanne <[redacted]>; McCorry, Monica <[redacted]>; Troughton, Elizabeth <[redacted]>
Sent: Tue, 22 Feb 2011 12:40
Subject: URGENT Triaging letters

Dear all

I have been advised that there are 55 outstanding outpatient letters for triage that the booking centre are waiting on in order to book clinics. Can I ask that if you have any outstanding letters can you please action and return to the booking centre. I appreciate how busy you all are at the moment but I would be grateful if you could action this as soon as possible.

Many thanks

Martina

Martina Corrigan

Head of ENT and Urology

Southern Health and Social Care Trust

Craigavon Area Hospital

Tel: Personal Information redacted by the USI

Mobile: Personal Information redacted by the USI

Email: Personal Information redacted by the USI

Southern Health & Social Care Trust IT Department Personal Information redacted by the USI

Corrigan, Martina

From: Corrigan, Martina [redacted]
Sent: 19 August 2011 16:20
To: michael.young[redacted] 'O'Brien, Aidan' [redacted] mehmood.akhtar[redacted]
Cc: Dignam, Paulette; Hanvey, Leanne; McCorry, Monica; Troughton, Elizabeth
Subject: Triaging

Dear all,

I have just received the bi-weekly report on outpatient activity and note that there are a total of 48 referral letters outstanding for triage these are waiting between 6 and 10 weeks. As per the Integrated Elective Access Protocol (IEAP) these should be turned around within 72 hours which I recognise is not always possible and we are normally allowed one week turnaround time.

I would be grateful if could please check your triage folders and any outstanding letters be triaged as a matter of urgency as Dr Rankin will be looking an update from me at our Tuesday AM performance meeting.

Many thanks

Martina

Martina Corrigan
Head of ENT and Urology
Craigavon Area Hospital

Tel: [redacted]
Mobile: [redacted]
Email: martina.corrigan[redacted]

Corrigan, Martina

From: Aidan O'Brien's email address
Sent: 28 February 2012 22:05
To: Corrigan, Martina
Subject: Re: Demand Capacity Analysis surgical division 23 feb 2012
Attachments: Demand_Capacity_Analysis_surgical_division_23_feb_2012.doc

Martina,

Regarding the demand capacity analysis for outpatient, am I correct in understanding that there are 71 new patients to be seen as outpatients during March, and that there is the capacity to provide 79 patients with appointments, and that therefore, there will be no problem?

Secondly, I do hope that I should be up to date with triaging.

Thirdly, I have been concerned to find patients appointed to my clinic at CAH these past 2 weeks, and who were triaged by me and by Michael Young to the Haematuria Clinic in November 2011, and who have not been given an appointment at the Haematuria Clinic, but instead diverted to my consultant-led clinic 3 months later. I have since been advised that only those patients triaged to Haematuria Clinic and designated 'Red Flag' are actually being appointed to the Haematuria Clinic. Both Michael Young and I were off the view that all patients triaged to the Haematuria Clinic were treated effectively as Red Flags and treated equitably. Instead, these patients have not been given an appointment for three months. They have had longer to wait that those with the least important conditions who have had appointments within 2 months. I would be grateful if you would look into this for me. There is something fundamentally wrong here!

Lastly, I will meet with you in coming days to arrange review of the oncology backlog, beginning in April 2012,

Aidan.

-----Original Message-----
From: Corrigan, Martina [redacted]
To: Aidanpobrien [redacted]; Akhtar, Mehmood [redacted]; O'Brien, Aidan [redacted]; Young, Michael [redacted]
CC: Dignam, Paulette [redacted]; Hanvey, Leanne [redacted]; McCorry, Monica [redacted]; Troughton, Elizabeth [redacted]
Sent: Fri, 24 Feb 2012 15:42
Subject: Demand Capacity Analysis surgical division 23 feb 2012

Dear all

Please see attached the demand capacity analysis for urology for outpatients.

There are a few outstanding letters awaiting triage which I would be grateful if you could check and process and send to booking centre for booking.

Also we need to have a plan for the urgent reviews which are the patients waiting past their due review dates that have been deemed urgent.

Happy to discuss and I would be grateful if you could action the outstanding letters for triage.

Many thanks

Martina

Martina Corrigan

Head of ENT and Urology

Craigavon Area Hospital

Tel: Personal Information redacted by the USI (Direct Dial)

Mobile: Personal Information redacted by the USI

Email: Personal Information redacted by the USI

Corrigan, Martina

From: Corrigan, Martina [redacted]
Sent: 14 April 2013 19:10
To: O'Brien, Aidan
Cc: Trouton, Heather
Subject: FW: Urology late triage.

Importance: High

Dear Aidan,

Can you advise please?

Thanks

Martina

Martina Corrigan
Head of ENT, Urology and Outpatients
Southern Health and Social Care Trust

Telephone: [redacted] (Direct Dial)
Mobile: [redacted]
Email: martina.corrigan [redacted]

From: Carroll, Ronan
Sent: 09 April 2013 16:30
To: Corrigan, Martina
Cc: Trouton, Heather
Subject: FW: Urology late triage.
Importance: High

Martina
Can u get involved pls
Ronan

Ronan Carroll
Assistant Director Acute Services
Cancer & Clinical Services/ATICs
[redacted]

From: McQuaid, Julieann
Sent: 09 April 2013 16:29
To: Carroll, Ronan
Cc: Clayton, Wendy; Montgomery, Angela; Elliott, Andrew; Montgomery, Angela
Subject: Urology late triage.
Importance: High

Hi,

The following 4 patient referrals have not been received back yet; Monica did get back to us yesterday but only regarding 2 patients.

Monica has printed out these patients' details to show Mr O'Brien tomorrow in order to trace down the whereabouts of these referrals as patients are now on D13 and have already breached D10 1st appointment target date.

NAME	INITL	HOSPITAL NUMBER	REFERAL DATE		CONSULTANT	LEFT FOR TRIAGE
Personal Information redacted by USI			27.03.13		MR OBRIEN	27/03/13
			27.03.13		MR OBRIEN	27/03/13
			27.03.13		MR OBRIEN	27/03/13
			27.03.13		MR OBRIEN	27/03

I am on annual leave from tomorrow until Tuesday 16th April.

I will leave this with both Andrew / Caroline to chase tomorrow and get back to you.

Julie Ann McQuaid
Clerical officer
Mandeville Unit
CAH
EXT : Personal Information redacted by USI

From: McQuaid, Julieann
Sent: 08 April 2013 10:32
To: Carroll, Ronan
Cc: Davies, Caroline L
Subject: RE: LATE TRIAGE

Hi,

I have chased this up with Monica this morning and she said Mr O'Brien is in Armagh this morning so it will be this afternoon before she is updated.

I leave at 12:30 today so I will leave this with Caroline to chase this afternoon and update you, if not I will update you tomorrow.

Kind regards,

Julie Ann McQuaid
Clerical officer
Mandeville Unit
CAH
EXT : Personal Information redacted by USI

From: Carroll, Ronan
Sent: 08 April 2013 10:18
To: McQuaid, Julieann
Subject: RE: LATE TRIAGE

Any developments

Ronan Carroll
Assistant Director Acute Services
Cancer & Clinical Services/ATICs
Personal Information redacted by USI

From: McQuaid, Julieann
Sent: 05 April 2013 13:21
To: Montgomery, Angela; Carroll, Ronan
Cc: Davies, Caroline L; Elliott, Andrew
Subject: RE: LATE TRIAGE

Hi,

I have spoken with Mr O'Brien this morning regarding the outstanding referrals, apparently they have all been sorted and Monica is to advise me on Monday what's happening with them.

Kind regards,

Julie Ann McQuaid
Clerical officer
Mandeville Unit
CAH
EXT : Personal Information redacted by USI

From: Montgomery, Angela
Sent: 04 April 2013 08:11
To: Carroll, Ronan
Cc: McQuaid, Julieann
Subject: FW: LATE TRIAGE
Importance: High

Ronan

The below patients were escalated on Friday but we still have not received them back. 7 are with Mr O'Brien & 1 with Mr Young. I have asked Julie to speak to both secretaries this morning regarding these. I will update you once she has spoken to them

Thanks

Angela Montgomery
Cancer Services Co-Ordinator
Tel. No.

From: McQuaid, Julieann
Sent: 03 April 2013 17:23
To: Montgomery, Angela
Subject: LATE TRIAGE
Importance: High

Hi

I have still not received ~~the following~~ referrals back from triage.

To date I have received 2 back out of the 10 Caroline escalated on Friday.

1 patient is now on D12, 6 patients on D7 & 1 on D5.

Kind regards,

Julie Ann.

Surname	Initial	Hosp No	Referral Date		Con Referral Given To	Date given to Con for triaging	R
Personal Information redacted by the USI			22.03.13	SWAH REF	MR OBRIEN	22/03/13	N
			27.03.13		MR OBRIEN	27/03/13	
			27.03.13		MR OBRIEN	27/03/13	ca
			27.03.13		MR OBRIEN	27/03/13	ca
			27.03.13		MR OBRIEN	27/03/13	
			27.03.13		MR OBRIEN	27/03/13	
			27.03.13		MR OBRIEN	28/03/13	
			29.03.13		MR YOUNG	29.03.13	

Julie Ann McQuaid
Clerical officer
Mandeville Unit
CAH
EXT : Personal Information redacted by USI

From: Davies, Caroline L
Sent: 29 March 2013 11:59
To: Clayton, Wendy; Elliott, Andrew; McQuaid, Julieann; Montgomery, Angela
Subject: UROLOGY TRIAGE ESCALATIONS

Hi Wendy I'm just letting you know about some urology referrals that aren't going to be back until Wednesday, some were only left today but there is one from last Friday and a few from Tuesday and Wednesday too.

Personal Information redacted by USI	22.03.13	SWAH REF	MR OBRIEN	22/03/13	NOT REC
	26.03.13		MR OBRIEN	27/03/13	
	27.03.13		MR OBRIEN	27/03/13	
	27.03.13		MR OBRIEN	27/03/13	cah numb back
	27.03.13		MR OBRIEN	27/03/13	cah numb back
	27.03.13		MR OBRIEN	27/03/13	
	27.03.13		MR OBRIEN	27/03/13	
	27.03.13		MR OBRIEN	28/03/13	TAKEN FF
	28.03.13		MR	28/03/13	TAKEN FF

Surname	Initial	Hosp No	Referral Date		Con Referral Given To	Date given to Con for triaging	R
Personal Information redacted by USI			22.03.13	SWAH REF	MR OBRIEN	22/03/13	N
			27.03.13		MR OBRIEN	27/03/13	
			27.03.13		MR OBRIEN	27/03/13	ca
			27.03.13		MR OBRIEN	27/03/13	ca
			27.03.13		MR OBRIEN	27/03/13	
			27.03.13		MR OBRIEN	27/03/13	
			27.03.13		MR OBRIEN	28/03/13	
			29.03.13		MR YOUNG	29.03.13	

Julie Ann McQuaid
Clerical officer
Mandeville Unit
CAH
EXT : Personal Information redacted by USI

From: Davies, Caroline L
Sent: 29 March 2013 11:59
To: Clayton, Wendy; Elliott, Andrew; McQuaid, Julieann; Montgomery, Angela
Subject: UROLOGY TRIAGE ESCALATIONS

Hi Wendy I'm just letting you know about some urology referrals that aren't going to be back until Wednesday, some were only left today but there is one from last Friday and a few from Tuesday and Wednesday too.

Personal Information redacted by USI	22.03.13	SWAH REF	MR OBRIEN	22/03/13	NOT REC
	26.03.13		MR OBRIEN	27/03/13	
	27.03.13		MR OBRIEN	27/03/13	
	27.03.13		MR OBRIEN	27/03/13	cah numb back
	27.03.13		MR OBRIEN	27/03/13	cah numb back
	27.03.13		MR OBRIEN	27/03/13	
	27.03.13		MR OBRIEN	27/03/13	
	27.03.13		MR OBRIEN	28/03/13	TAKEN FF
	28.03.13		MR OBRIEN	28/03/13	TAKEN FF
	28.03.13		MR OBRIEN	28/03/13	TAKEN FF

Regards

Caroline Davies
Clerical Support Officer
Mandeville Unit.
Ext: Personal Information redacted by UHL

From: Trouton, Heather [redacted]
Sent: 25 March 2010 17:14
To: Young, Michael Mr; O'Brien, Aidan
Cc: Mackle, Mr E
Subject: Triage

Michael and Aidan

I really appreciate that you both have been extremely busy in recent weeks and we are grateful for the effort that you have all put in to meet the access standards by the end of March.

However it has been brought to my attention that there are still 60 patient letters that urgently need to be triaged.

Can I request that you give this matter your urgent attention as there may be patient who require an urgent appointment.

Many thanks

Heather.