



Formal Adoption of Network Guidelines		
To be completed by each Neonatal Unit in the Network		
Please complete in BLOCK CAPITALS		
Trust:	Unit:	
Title:	Surname:	First Name:
Email:		Telephone:
Guidelines: Neonatal Obstetric		Edition: Please Specify Year
<p>The above edition of the guidelines have been reviewed by the unit which confirms: (Please tick as appropriate)</p> <ul style="list-style-type: none"> • Adoption of them in full <input type="checkbox"/> • Adoption with the guideline exceptions identified below <input type="checkbox"/> 		
Guideline(s) Opt-Out: Title(s)		Rationale for Opt-Out:
Signature of Clinical Lead:		Signature of Trust Medical Director:
Date:		Date Received by Network: