

Date :

Objet : lettre de séjour

À qui de droit

_____ (**nom de la personne atteinte d'un trouble de la coagulation**) _____ (**date de naissance**) has _____ (**diagnostic**). This is a blood clotting disorder that can cause painful and debilitating bleeding episodes into joints and muscles. Bleeding episodes are treated with IV infusions of clotting factor. The patient with this bleeding disorder treats bleeding episodes with a clotting factor concentrate: _____ (**nom de la marque**) which is a brand name for _____ (**nom générique du médicament**). Because _____ (**nom de la personne atteinte d'un trouble de la coagulation**) has this bleeding disorder, he/she must travel with clotting factor and diluent water.

Infusion supplies such as syringes, needles, and tourniquets are required to infuse the product (and may have these items on his/her person). Clotting factor should be maintained at room temperature (not exceeding 86°F) and, ideally, be packed in a cooler or a container with cold packs or in a refrigerator (36°F to 46°F). Clotting factor should never be frozen. If the medication exceeds these temperatures, there is a high risk of it losing its potency and effectiveness.

Please note that this special medication consists of multiple manufacturer-sealed glass vials of sterile water and white powder. We recommend that this medication stay with the patient during travel, including planes, trains, or cars, because of its glass and temperature fragility and because the patient might need it urgently for a bleeding episode, which can occur at any time. Being unable to quickly administer this medicine can be life threatening. This medication must not be opened until needed.

The person with the bleeding disorder may also use anti-fibrinolytics such as aminocaproic acid or tranexamic acid for dental, mouth, or nose bleeding episodes. These antifibrinolytic drugs are used to maintain clots and to prevent bleeding.

Please feel free to call _____ (**nom du centre de traitement de l'hémophilie**) at _____ (**numéro de téléphone**) for further assistance.

Sincerely,

_____ (**nom du médecin**)
_____ (**titre**)
_____ (**nom de l'hôpital/centre de traitement de l'hémophilie**)
_____ (**nom de l'infirmier·e**)
_____ (**titre**)