OrganMatch

# Abdominal Organ Transplant Waiting List (TWL) Enrolment Form

| RECIPIENT DETAILS | |
|---|---|
| SURNAME (Please print) * | DOB * |
| GIVEN NAMES * | FEMALE ☐ MALE ☐ |
| BLOOD GROUP Attach Blood group Result or upload into OrganMatch | ETHNICITY/COUNTRY OF ORIGIN |
| CLINICAL UNIT * | TRANSPLANT UNIT * |
| HOSPITAL REFERENCE NUMBER (MRN) | HOSPITAL REFERENCE NUMBER (MRN) |
| TREATING CONSULTANT | TREATING CONSULTANT |

| ORGAN |
|---|
| ☐ LIVER ☐ INTESTINE ☐ PANCREAS ☐ PANCREAS ISLETS ☐ KIDNEY/PANCREAS (Combined) |
| ☐ OTHER (Please specify) |
| PRIMARY DIAGNOSIS |

| TRANSFUSION HISTORY | |
|---|---|
| PREVIOUS TRANSFUSIONS ☐ YES ☐ NO ☐ UNKNOWN | |
| NUMBER OF TRANSFUSIONS | DATE OF LAST TRANSFUSION |

| PREGNANCY HISTORY (if applicable) | |
|---|---|
| NUMBER OF PREGNANCIES | DATE OF LAST PREGNANCY (Year) |

| TRANSPLANT HISTORY | |
|---|---|
| NUMBER OF TRANSPLANTS | DATE OF LAST TRANSPLANT FAILURE |
| TRANSPLANT LOCATION: ☐ AUSTRALIA | ☐ OVERSEAS (Please specify country) |
| CAUSE OF GRAFT FAILURE FOR LAST TRANSPLANT | |

| DIALYSIS HISTORY (if applicable) | |
|---|---|
| DIALYSIS CENTRE | DIALYSIS TYPE |
| DATE OF DIALYSIS for: ☐ FIRST DIALYSIS ***or*** ☐ DIALYSIS RECOMMENCEMENT AFTER TRANSPLANT | |

| TRANSPLANT UNIT SIGN-OFF | |
|---|---|
| FULL NAME (Please print) | POSITION |
| SIGNATURE | DATE |

* Mandatory fields