OrganMatch

Kidney Transplant Waiting List (TWL) Extended Criteria Form

TRANSPLANT RECIPIENT		
SURNAME (Please print) *	DOB *	☐ FEMALE ☐ MALE
GIVEN NAMES *		
CLINICAL UNIT *	TRANSPLANT UNIT *	
HOSPITAL REFERENCE NUMBER (MRN)	HOSPITAL REFERENCE NUMBER (MRN)	
TREATING CONSULTANT	TREATING CONSULTANT	

INCREASED VIRAL RISK (IVR)	Please attach a copy of specific consent for IVR or upload to OM	
WILLING TO ACCEPT **INCREASED VIRAL RISK** DONOR?	☐ YES, ENROL	☐ NO, REMOVE ENROLMENT

HEPATITIS C POSITIVE	Please attach a copy of specific consent or upload to OM	
WILLING TO ACCEPT **HEPATITIS C POSITIVE** DONOR?	☐ YES, ENROL	☐ NO, REMOVE ENROLMENT
Enrolments will expire in 12 months. A notification will be sent one month prior to expiry, to allow for reenrolment if applicable.		

ABO INCOMPATIBLE (ABOi)	Please attach a copy of the pathology report or upload to OM	
WILLING TO ACCEPT **ABOi** DONOR?	☐ YES, ENROL for incompatible group: ☐ **AB**	☐ NO, REMOVE ENROLMENT

TUMOUR RESECTED KIDNEY	Please attach a copy of specific consent or upload to OM	
WILLING TO ACCEPT **TUMOUR RESECTED DONOR KIDNEY**?	☐ YES	☐ NO, REMOVE ENROLMENT

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

* Mandatory fields