

RECIPIENT DETAILS	
SURNAME (Please print) *	DOB * FEMALE MALE
GIVEN NAMES *	BLOOD GROUP <small>Attach Blood group Result or upload into OrganMatch</small>
CLINICAL UNIT *	TRANSPLANT UNIT *
HOSPITAL REFERENCE NUMBER (MRN)	HOSPITAL REFERENCE NUMBER (MRN)
TREATING CONSULTANT	TREATING CONSULTANT

DONOR DETAILS	
SURNAME (Please print) *	DOB * FEMALE MALE
GIVEN NAMES *	BLOOD GROUP <small>Attach Blood group Result or upload into OrganMatch</small>
CLINICAL UNIT *	TRANSPLANT UNIT *
HOSPITAL REFERENCE NUMBER (MRN)	HOSPITAL REFERENCE NUMBER (MRN)
TREATING CONSULTANT	TREATING CONSULTANT

DONATION DETAILS	
ORGAN: KIDNEY LIVER	PRIMARY DIAGNOSIS
RELATIONSHIP OF RECIPIENT TO DONOR	

RECIPIENT MEDICAL HISTORY	Only complete if recipient <u>not currently enrolled</u> in TWL. Not required if details supplied and current.			
TRANSFUSION HISTORY				
PREVIOUS TRANSFUSIONS?	YES	NO	UNKNOWN	NUMBER OF TRANSFUSIONS
RECIPIENT ON RITUXIMAB?	YES	NO	UNKNOWN	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		
INITIAL GRAFT STILL IN SITU?	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNKNOWN			
TRANSPLANT LOCATION:	<input type="checkbox"/> AUSTRALIA <input type="checkbox"/> OVERSEAS (Please specify country)			
CAUSE OF GRAFT FAILURE FOR LAST TRANSPLANT				
DIALYSIS HISTORY (kidney recipients only)				
DIALYSIS CENTRE			DIALYSIS TYPE	
DATE OF DIALYSIS for: <input type="checkbox"/> FIRST DIALYSIS or <input type="checkbox"/> DIALYSIS RECOMMENCEMENT AFTER TRANSPLANT				

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