OrganMatch

Thoracic 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
☐ HEART ☐ LUNG ☐ 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	

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

REGISTRATION AND ENROLMENT OF PATIENTS THROUGH THE TRANSPLANTATION PORTAL IS PREFERRED

* Mandatory fields