

| 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 |

REGISTRATION AND ENROLMENT OF PATIENTS AND DONORS THROUGH THE TRANSPLANTATION PORTAL IS PREFERRED