

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: KIDNEY	
PRIMARY DIAGNOSIS	
IS THE PATIENT DIABETIC?	YES NO

TRANSFUSION HISTORY					
PREVIOUS TRANSFUSIONS?	YES	NO	UNKNOWN	NUMBER OF TRANSFUSIONS	DATE OF LAST TRANSFUSION
RECIPIENT ON RITUXIMAB?	YES	NO	UNKNOWN	DATE	

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)
DATE AND CAUSE OF GRAFT FAILURE FOR LAST TRANSPLANT	

DIALYSIS HISTORY	
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 THROUGH THE TRANSPLANTATION PORTAL IS PREFERRED