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

* Mandatory fields