UKTSS RECIPIENT REGISTRATION FORM

United Kingdom Transplant Support Service

Instructions:

This form is to be used for all recipients registered with UKTSS, whatever organ they require.

Section I (General Details) is to be completed for all recipients. Subsequent sections are to be completed only if registration for the appropriate organ is required.

All items, with the exception of Recipient Contact Information, (question 9) must be completed. The provision of incomplete data will cause the recipient to be suspended from the active waiting list until the missing items are made available. Shading indicates information that may not be relevant to all recipients, and hence a response may not be required.

Emergency cases may be registered by phone provided that written confirmation is received within three working days. If such confirmation is not received within this period, the patient will be suspended until the completed registration form is received.

For further details of the service refer to the booklet "Getting the best out of UKTS".

When complete, please return this form to:

Recipient Registration,
UKTSSA,
Fox Den Road,
BRISTOL BS12 6RR.

SECTION I GENERAL DETAILS

056-030-065

1. Transplant Centre — BELFAST.
2. Recipient Surname — STRAIN
3. Recipient Forename — ADAM
4. Recipient Date of Birth (dd/mm/yyyy) — 04 08 1994
5. Recipient Sex — 1 (1. Male, 2. Female)

AS - ROYAL

6b. Recipient HCV [illegible]s — 9 (2. Positive, 7. Not tested, 9. Unknown)

7. Is the recipient entitled to NHS treatment? — 2 (1. No, 2. Yes)

If YES, please indicate — 1 (1. UK citizen, 2. EEC citizen, 3. Other)

8. Recipient Hospital Number — CH 364377

9. Recipient Contact Information

Address [redacted]

Residential Postcode
(ZZ99Z 9ZZ for non-UK resident) [redacted]

Telephone Number

1. [redacted]

This form checked by — J. M. SAVAGE
(NAME - PLEASE PRINT)

Signature — J Maria Savage — Date 14 07 1994