UKTSSA RECIPIENT REGISTRATION FORM

0002 [redacted]

TRANSPLANT CENTRE: BELFAST

Kidney / Pancreas - Page 1

RECIPIENT DETAILS

SURNAME: STRAIN

FORENAME/S: ADAM

ADDRESS: [redacted]

POSTCODE (ZZ99Z 9ZZ for non-UK resident): [redacted]

TELEPHONE 1: [redacted] 2:

DATE OF BIRTH: 04 08 1991

SEX (Male = 1, Female = 2): 1

CMV STATUS (Negative = 1, Positive = 2, Not tested = 7, Unknown = 9): 1

HCV STATUS (Negative = 1, Positive = 2, Not tested = 7, Unknown = 9): 1

ELIGIBLE FOR NHS TREATMENT? (No = 1, Yes = 2): 2

IF YES, INDICATE (UK Citizen = 1, EEC Citizen = 2, Other = 3): 1

HOSPITAL NO.: 364377

TRANSPLANT DATA

Recipient EDTA NUMBER (if known):

Do you want this recipient to be entered on the waiting list as ACTIVE or SUSPENDED? (Enter 'A' or 'S'): A

STATE which organs are required. (Kidney only = 1, Pancreas only = 2, Kidney and Pancreas = 3): 1

If under 18 years, WEIGHT OF RECIPIENT IN kg.: 016.2

If under 18 years, IS THE RECIPIENT BEING TREATED IN A PAEDIATRIC UNIT? (No = 1, Yes = 2): 2

CODE the recipient's Primary Disease (codes listed on flap): 224

If OTHER (29, 39, 49, 59,79, 89 or 99), specify.

NUMBER OF PREVIOUS GRAFTS (from both live and cadaveric donors) that this recipient has received (unknown = 99).

Kidney only:

Pancreas only:

Simultaneous Kidney and Pancreas:

RECIPIENT'S BLOOD GROUP including Rhesus and, where known, subtypes of A.

ABO: A Rhesus: +

ETHNIC ORIGIN? (Euro-caucasoid = 1, Asian-caucasoid = 2, Black/Negroid = 3, Mongoloid = 4, Other = 7, Unknown = 9): 1

HLA DATA

Has the RECIPIENT'S HLA PHENOTYPE been determined? (No = 1, Yes = 2): 2

Tissue Typing Method (see codes below)

		BROAD ANTIGEN	ANTIGEN SPLIT OR GENE ID	BROAD ANTIGEN	ANTIGEN SPLIT OR GENE ID
1	A	A1		A32	
1	B	B12	B44	B14	
2	DR	DR7		DR8	
1	CW	CW8			
	DQ				
	Other				

Bw4/Bw6: B4/6

DR51/52/53: 53

Tissue Typing Codes: 1=Serology: 2=DNA: 3=Serology and DNA: 4=Serology and other. e.g. ID gels: 5=DNA and other: 6=Serology. DNA and other: 7=Not tested: 9=Unknown.

UKTSSA United Kingdom Transplant Support Service Authority

057-070-130

AS – ROYAL

UKTSSA RECIPIENT REGISTRATION FORM

000231 [redacted]

TRANSPLANT CENTRE BELFAST

Kidney / Pancreas - Page 2

RECIPIENT NAME ADAM STRAIN

MISMATCHING

For each of the A, B and DR loci indicate the greatest extent of the MISMATCHING that is acceptable for this recipient.
The asterisk character (*) may be used to combine loci. Some examples are given on flap.

Enter the greatest extent of mismatching acceptable for this recipient.

A	B	DR		Total
*	*	*	=	3

SENSITISATION STATUS

State ANTIBODY REACTION FREQUENCY (ie DTT resistant antibody).
Record 999 for unknown or not recorded, 777 for not tested.

Use the following codes for antibodies tested:
IgG only = 1 *Both IgG and IgM = 3*
IgM only = 2 *Type not determined = 9*

		Frequency	Date of Sample	Antibodies Tested
i) UNSEPARATED LYMPHOCYTES	Highest Recorded	10 %	08/12/1994	9
	Most Recent	10 %	08/12/1994	9
ii) T-CELLS	Highest Recorded	777 %	19	9
	Most Recent	777 %	19	9
iii) B-CELLS	Highest Recorded	10 %	08/12/1994	9
	Most Recent	10 %	08/12/1994	9

If any HLA ANTIGENS are considered to be UNACCEPTABLE TO THIS RECIPIENT, list them here.

If any HLA ANTIGENS are considered to be ACCEPTABLE MISMATCHES FOR THIS RECIPIENT, list them here.

HAS THIS RECIPIENT EVER BEEN TRANSFUSED? *No = 1, Yes = 2, Unknown = 9* [2]

If this recipient is FEMALE, state the NUMBER OF KNOWN PREGNANCIES (unknown = 99).

FOR UKTSSA USE ONLY

DATE OF TRANSPLANT 19

DONOR NAME

RETRIEVAL CENTRE

GRAFT SOURCE (code)

AMENDMENTS | DATE

THIS FORM CHECKED BY

PRINT NAME J. M. SAVAGE

SIGNATURE J Maurice Savage

DATE 24/11/1994

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057-070-131