CH 461358 Page (13)

№ 005008

HUMAN ORGAN TRANSPLANTS REGISTER - FORM A

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This form is to be used to provide information required by regulations made under the Human Organ Transplants Act 1989 and by HC(90)7. This form is to be completed by the Registered Medical Practitioner who removed the organ(s).

PLEASE COMPLETE IN BALLPOINT PEN AND BLOCK CAPITALS. TICK BOXES AS NECESSARY.

Registered Medical Practitioner	Donor
Full Name: X DR MACKIE	Full Name: LUCY CRAWFORD
Appointment: X CONSULTANT PATHOLOGIST	Case Number: CH 461358
Appointment held at: (Establishment) X ROYAL VICTORIA HOSPITAL BELFAST	☒ Cadaveric ☐ Live-unrelated. ULTRA Ref. No.: ☐ Live-related. Genetic relationship confirmed by (Approved Tester Name):

Operation: Date: 14 04 99 Time: : Place: Health Authority/Board: EASTERN

Code	Destination if known or UKTS Export No.	Code	Destination if known or UKTS Export No.
☐ 11 Left Kidney		☐ 40 Whole Liver	
☐ 12 Right Kidney		☐ 41 Left Liver Lobe	
☐ 50 Pancreas		☐ 42 Right Liver Lobe	
☐ 30 Heart		☐ 61 Left Lung	
Heart Valves:			
☐ 31 Pulmonary		☐ 62 Right Lung	
☐ 32 Aortic		☐ 63 Lung Pair	
☐ 33 Tricuspid		☐ 70 Heart Lung Block	
☐ 34 Mitral		☐ 90 Other :	

If organ(s) considered unsuitable:
Record Organ Code, Reason Unsuitable and Method of Disposal

Signed: Date: 14.6.99

ALL SPOILT FORMS MUST BE RETURNED TO SOUTH WESTERN RHA

LC-Royal 061-006-013