

# KIDNEY RECIPIENT INFORMATION FORM

Transplant Center:	Date of registration:	<input type="checkbox"/> <b>First Registration</b> <input type="checkbox"/> <b>Update</b> <input type="checkbox"/> <b>Re-registration</b>
Doctor:	ET Recipient Number:	
Telephone Number:	Dutch Id. ( <b>BSN</b> ):	

Name of Recipient:	First Name:	Initials:	Date of Birth:	Sex: M / F
Address:	Postcode/ City:		Country:	
Insurance Type:	Insurance Code:		Insurance Number:	
	ABO:	Rhesus:	Weight (kg):	Height (cm):

Sample Date Virology:	HBsAg:	HBsAb:	HBcAb:	HCVAb:	HIVAg:
	HIVAb:	CMV IgG:	CMV IgM:	Toxo:	Lues:

**Antibodies**

Lab:	Sample Date:	Screen Type:	% PRA:	Auto: Pos / Neg / NT	DTT Crossmatch: Yes / No
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Unacceptable Antigens:

<b>Urgency Code</b>	T = Transplantable, NT = Not transplantable, HU = High Urgent	For status HU use form (F 1.30), For Extended Pediatric Status use form (FOR 1.31)
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If the urgency is **NT**, Reason:

Other Organs Required:	Living: Yes / No
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<b>Primary Disease Code</b>	ICD10:	EDTA:	Graft Failure Code :
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Date of (Re) Institution of Dialysis:	Technique: HD / HHD / IPD / PD / TU / ND	Dialysis Center/ City:
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**Recipient specific Kidney Donor Profile:**

Min Age:	yrs	HBsAg:	Any / Neg	Sepsis:	Yes / No
Max Age:	yrs	HBcAb:	Any / Neg	Meningitis:	Yes / No
Accept NHB:	Yes / No	HCVAb:	Any / Neg	Malignant Tumor:	Yes / No
Accept en bloc (<= 5 yrs):	Yes / No	Exclude Recipient From No Capacity:	Yes / No	Drug Abuse:	Yes / No
NHB Donor :	Yes / No			Domino Donor:	Yes / No
Euthanasia Donor:	Yes / No			Rescue Allocation:	Yes / No
ESP (donor >= 65 yrs):	Yes / No				

The undersigned, medical doctor, declares to Eurotransplant that his/her patient has agreed to provide the above mentioned data to Eurotransplant for the purpose of his/her registration as a possible transplant recipient and to match these data against the data of a possible donor. The undersigned furthermore declares that his/her patient has given permission to use the above mentioned data as well as the data that will become available after transplantation as far as they are required to optimise the sharing program of the Eurotransplant organization.

Date..... Name ..... Signature..... F 1.33.5, March 2011

**KIDNEY RECIPIENT INFORMATION FORM**

*Primary Disease Codes*

**KIDNEY RECIPIENT INFORMATION FORM**

*Graft Failure Codes*