

**Eurotransplant Kidney**  
**Extended Pediatric status**

**FAX : 0031-71-579 0057**



**Kidney Pediatric status - recipient in maturation**

**Transplant Center:** .....

**Date of request:** ..... (dd/mm/yy)

**Recipient name:** .....

**Date of birth:** ..... (dd/mm/yy)

**ET Number:** .....

**Doctor in charge:** .....

**Signature:** .....

**Phone:** .....

**Fax:** .....

- Enter the “max. donor age” and “accepted HLA mismatches” in the recipient donor profile.
- Include report from a competent radiologist or pediatric endocrinologist on an X-ray of the left hand:
  - Recipient is on dialysis: report may not be older than 3 months before start dialysis.
  - Recipient is not on dialysis: report may not be older than 3 months before registration on the kidney waiting list.