



# Eurotransplant HU / U Decision Form

ET NUMBER : .....

ORGAN : HE LU HE/LU

**From:**

**Center:**

**To: Eurotransplant duty desk Faxnr: 00 31 71 579 05 15**

**Number of pages (incl. this one): ...**

Please fill out this fax and send it to the Eurotransplant duty desk

Decision on request for **HU status**  **U status**

I accept this **new** request

I reject this **new** HU request, and also reject for U status

I reject this **new** HU request, but accept for U status

I reject this **new** U request

Reason for rejection 'too good'

'too bad'

formal aspects

other (s. text)

I accept this **re-evaluation**

I reject this HU-status **re-evaluation**, and also reject for U status

I reject this HU-status **re-evaluation**, but accept for U status

I reject this U-status **re-evaluation**

Reason for rejection 'too good'

'too bad'

formal aspects

other (s. text)

I need further information before I can decide

Comments:.....  
.....  
.....

\_\_\_\_\_  
Date, Time

\_\_\_\_\_  
Signature