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ORGAN TRANSPLANT CLINICAL INFORMATION & CONSENT FORM

DONOR INFORMATION:

Name :.....Relationship with Patient.....
 Age / Gender :.....
 Blood group :.....
 Previous cross match result if available :.....
 Previous tissue typing result if available :.....

RECIPIENT INFORMATION:

Name :.....
 Age / Gender :.....
 Blood group :.....
 S/o D/o: (if minor).....

CLINICAL DETAILS:

History of haemodialysis : Yes No
 Date of last haemodialysis :.....

Details of transfusion and sensitizing events

History of blood transfusion : Yes No
 Date of last transfusion :.....
 Number of children :.....
 History of abortions : Yes No
 History of previous transplants : Yes No

CONSENT FORM

We / I _____ (Names of Recipient & / Donor)
 authorize the phlebotomist Mr /Ms _____ (Name) to collect my/our
 blood samples for the purpose of pre-transplant work up.

Date & Time:	Signature	Signature	Signature
	(Recipient)	(Donor)	(Phlebotomist)