K-SOTTO
KERALA STATE ORGAN AND TISSUE TRANSPLANT ORGANIZATION
Near Super Specialty Block, Government Medical College, Thiruvananthapuram, Kerala
+91 471 2528658, 2962748, ed.ksotto@kerala.gov.in, ed.ksotto@gmail.com, www.ksotto.kerala.gov.in

FORM - D3

DECEASED DONOR ORGAN/TISSUE ALLOCATION SUMMARY

(Note: To be filled and sent by the recipient hospital within three days of transplant surgery. Individual forms need to be submitted for each recipient if not multi organ surgery. And also download & attach the recipient registration details from K-SOTTO web portal.)
** Organ/Tissue 2 needs to be filled only in multi organ transplant cases*

Date:

No.	Particulars		
01.	Recipient Hospital Name		
02.	Organ/Tissue Received	Organ/Tissue 1:	Organ/Tissue 2*:
03.	Donor Hospital		
04.	Donor Name		
		Blood Group:	
05.	Name of Recipient & Regn. date		Regn. date:
06.	K-SOTTO ID of Recipient		
07.	Date & Time of Organ/Tissue Transplant Surgery	Organ/Tissue 1:	Organ/Tissue 2*:
08.	Waiting List of recipients at the time of allocation in the K-SOTTO web portal		
09.	Cross match result / MELD score / Ejection Fraction etc. of recipient as applicable for the case		Eg: <10% Dead Cells: Negative
10.	Total number of patients in the waiting list prior to the current recipient	Active:	Inactive:

11.	Reason for skipping higher ranked patients in K-SOTTO waiting list				
WL No.	K-SOTTO reg. ID	Recipient Name	Regn. Date	Reason	Cross match result/ MELD/ EF as applicable

12. Signature of Transplant Coordinator:

13. Signature of Head of the Department:

Seal: