



Recipient/ Donor Registration Form

Donor

Recipient

Date of Registration :

Organ :

History of previous transplant :
(Live or Cadaver)

Name :

Age & Date of Birth : &

Gender :

Height (cm) & Weight (gm) : &

Address :

City :

State :

Nationality :

Pin code :

Telephone Landline :

Mobile No. (1) :

(2) :

ID Proof :

Education :

Occupation :

Income :

Name of Consultant * :

Hospital MRD No. :

Blood Group * :

HLA -A :

HLA- B :

HLA-C :

HLA-DR :

Systemic Disease **Years** **Months**
(duration in Years and months)

CAD :

Cancer :

Diabetes :

Hypertension :

Viral Infection (with date) **(DD/MM/YY)**

HCV :

HIV :

HBV :