

**PROFORMA FOR CANCELLATION / TRANSFER OF**

**RECIPIENT/DONOR REGISTRATION**

| Cancellation / Transfer *(Please mention)* |  |
| --- | --- |
| Name of the Patient  |  |
| Registration Number (K-SOTTO) |  |
| Date of registration *(DD-MM-YYYY)* |  |
| Name of registered transplant center  |  |
| Organs registered  |  |
| Hospital to which the registration transfer is requested |  |
| UHID / MRD No. |  |
| Transfer Request Date *(DD-MM-YYYY)* |  |
| Reason for cancellation / transfer  |  |
| Recommendation by the consultant/ Physician *(Comments):* |

*Note: All fields are mandatory. In case of a transfer, this form must be completed and sent by the hospital to which the patient wishes to transfer. Otherwise, it should be completed and sent by the registered hospital. Please attach the patient's request.*