



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 | | |
|-----|--|-----------------|----------------------------------|
| 1. | Recipient Hospital Name | | |
| 2. | Organ/Tissue Received | Organ/Tissue 1: | Organ/Tissue 2*: |
| 3. | Donor Hospital | | |
| 4. | Donor Name | | |
| | | Blood Group: | |
| 5. | Name of Recipient & Regn. date | | Regn. date: |
| 6. | K-SOTTO ID of Recipient | | |
| 7. | Date & Time of Organ/Tissue Transplant Surgery | Organ/Tissue 1: | Organ/Tissue 2*: |
| 8. | Institutional Waiting List of recipients at the time of allocation | | |
| 9. | 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: |

