



**K-SOTTO**

**KERALA STATE ORGAN AND TISSUE  
TRANSPLANT ORGANIZATION**

Near Super Specialty Block, Government Medical College, Thiruvananthapuram, Kerala  
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**FORM - D4**

**RECIPIENT FOLLOW-UP SUMMARY**

*(To be filled and submitted after 30 days of transplant surgery)*

**Date:**

1.	Name of the Recipient Hospital	
2.	Organ Received ( <i>Date &amp; Time</i> )	
3.	Recipient Name	
4.	K-SOTTO Recipient ID	
5.	MRD / UHID No.	
6.	No. of Post-operative ICU days	
7.	Post-operative hospital days ( <i>Include ICU days also</i> )	
8.	Post-operative complications if any	
9.	Date of discharge ( <i>DD/MM/YYYY</i> )	
10.	Status of patient at discharge	<input type="checkbox"/> Alive <input type="checkbox"/> Deceased
11.	Status of patient at Day 30 of transplantation	<input type="checkbox"/> Alive <input type="checkbox"/> Deceased
12.	Outcome of graft at day 30	<input type="checkbox"/> Graft functioning <input type="checkbox"/> Primary Non-Function <input type="checkbox"/> Graft Loss <input type="checkbox"/> Deceased

**Signature:**

**Name:**

**Designation:**