



K-SOTTO

**KERALA STATE ORGAN AND TISSUE
TRANSPLANT ORGANIZATION**

Near Super Specialty Block, Government Medical College, Thiruvananthapuram, Kerala
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**PROFORMA FOR CANCELLATION / TRANSFER OF
RECIPIENT/DONOR REGISTRATION**

01)	Cancellation / Transfer <i>(Please mention)</i>	
02)	Recipient / Donor <i>(Please mention)</i>	
03)	Name of the Patient	
04)	Registration Number (K-SOTTO ID)	
05)	Date of Registration <i>(DD-MM-YYYY)</i>	
06)	Name of Registered Transplant Center	
07)	Organs Registered	
08)	Hospital to which the registration transfer is requested	
09)	UHID / MRD No.	
10)	Transfer Request Date <i>(DD-MM-YYYY)</i>	
11)	Reason for Cancellation / Transfer	
12)	Recommendation/Comments by the Consultant or Physician (Duly Signed and Sealed):	
Signature & Seal		

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.