



# 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

### RECIPIENT / DONOR REGISTRATION FORM

<input type="checkbox"/> DONOR		<input type="checkbox"/> RECIPIENT	
Date of Registration: (DD/MM/YYYY)			
Organ:			
History of previous transplant: (Live or Cadaver)			
Name:			
Date of Birth: (DD/MM/YYYY)			
Gender:			
Height (cm) & Weight (kg):			&
Address:			
City:			
State:			
Nationality:			
Pincode:			
Mobile No. 1 & 2:			&
ID Proof:			
Education:			
Occupation:			
Income:			
Name of Consultant:			

<b>Hospital MRD No:</b>		
<b>Blood Group:</b>		
<b>HLA -A:</b>		
<b>HLA- B:</b>		
<b>HLA-C:</b>		
<b>HLA-DR:</b>		
<b>Systemic Disease: (Duration in Years and Months)</b>	<b>Years</b>	<b>Months</b>
<b>CAD:</b>		
<b>Cancer:</b>		
<b>Diabetes:</b>		
<b>Hypertension:</b>		
<b>Viral Infection (with Date)</b>	<b>(DD/MM/YYYY)</b>	
<b>HCV:</b>		
<b>HIV:</b>		
<b>HBV:</b>		

