



K-SOTTO

KERALA STATE ORGAN AND TISSUE TRANSPLANT ORGANIZATION

Near Super Specialty Block, Government Medical College, Thiruvananthapuram, Kerala
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RECIPIENT / DONOR REGISTRATION FORM

Type:	☐ DONOR ☐ RECIPIENT	
Date of Registration: (DD/MM/YYYY)		
Organ:	Date of First Dialysis (Kidney Recipient Only) (DD/MM/YYYY):	
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:		
Hospital MRD No:		

Blood Group:	
HLA -A:	
HLA- B:	
HLA-C:	
HLA-DR:	
Systemic Disease: <i>(Duration in Years and Months)</i>	Months
CAD:	
Cancer:	
Diabetes:	
Hypertension:	
Viral Infection (with Date)	(DD/MM/YYYY)
HCV:	
HIV:	
HBV:	

