**ZONAL CO-ORDINATION COMMITTEE OF KARNATAKA FOR TRANSPLANTATION**

Affix Passport size photograph

**(ZCCK)**

OPD Campus,

NIMHANS, Hosur Road, Bangalore – 560 029.

Phone: (080) 26995716 Mobile: 9845006768

**LIVER TRANSPLANT - REGISTRATION FORM**

1. Name :\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. Date of birth : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 3. Age: \_\_\_\_\_\_\_ 4. Gender: \_\_\_\_\_\_\_\_\_\_
3. Height : \_\_\_\_\_\_\_\_\_\_\_ 6. Weight: \_\_\_\_\_\_\_\_\_ 7. BMI: \_\_\_\_\_\_\_\_\_
4. Address :\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Nationality: (Indian/NRI) \_\_\_\_\_\_(Indian Nationals/Indian Descendents are only eligible for listing at ZCCK)
2. Contact Nos (Res/Off/Mob):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
3. Blood Group :
4. HLA (if known) :
5. Primary Disease :
6. Primary Transplant or Re-Transplant :

If re-transplant date of previous transplant and cause of graft loss:

15. Secondary Medical factors:

Diabetes:

Dialysis:

Angina: Y/N

Hypertension: Y/N

CVA:

Peripheral vascular disease:

COPD:

Previous Malignancy:

Recent DVT/PE:

Recent Albumin:

Recent Creatinine:

MELD/PELD:

Child-Pugh score:

TIPS:

History of Variceal bleed:

History of Spontaneous bacterial peritonitis:

Portal vein thrombosis:

Encephalopathy:

Presence of Hepatoma and AFP level:

No of lesions and size:

Does it fit under Milan criteria - Y/N

San Francisco criteria - Y/N

1. HbsAg : \_\_\_\_\_\_\_\_\_\_ 16. Hepatitis C: \_\_\_\_\_\_\_\_\_\_\_ 17. HIV: \_\_\_\_\_\_\_\_\_\_\_\_\_
2. Primary Doctor: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 19. Hospital : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

20. Regn Fee: Rs.\_\_\_\_\_\_\_\_\_ (Paid) DD No: \_\_\_\_\_\_\_\_\_\_\_ dated \_\_\_\_\_\_ drawn from \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (bank).

**Signature of Patient: Signature of Treating Doctor: (Of parent in case of a minor) and Hospital Seal**

**Data for submission at ZCCK:**

1. Proof of **Date of Birth** to be attached
2. Proof of **Residence** to be provided (Ration card / Passport / Voter ID card)
3. Copies of all Medical data (recent lab reports, **Liver Function Test, HIV, HbsAg and Hepatitis C**) from a recognized transplant centre
4. Proof of **Blood Group**
5. Registration fee **Rs. 2000/-, DD** payable in favour of **“ZCCK”**.

**DECLARATION**

**I \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Son/daughter/Spouse of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Resident of \_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**do hereby declare that the contents of paragraph 1 to 20 are true and to the best of my knowledge and belief and that no other information has been concealed therein.**

**Place:**

**Signature of the RECIPIENT**

**Date:**

**\*\*That the RECIPIENT hereby agrees that his being put on the waiting list does not guarantee the supply of an organ for transplantation by ZCCK. ZCCK does not guarantee the RECIPIENT an organ merely by virtue of the RECIPIENT being registered with ZCCK and his name put on the waiting list.**

**For Official use only**

Name : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Application received on : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Registration amount received on : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date and time of activation : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. **Copy of Address proof**
2. **Copy of Age Proof**
3. **Laboratory reports of Blood Group, Hepatitis B, Hepatitis C and HIV.**
4. **A Rs. 2000/- DD in favour of ZCCK.**

**For ZCCK**