

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



(ZCCK)
OPD Campus,
NIMHANS, Hosur Road, Bangalore – 560 029.
Phone: (080) 26995716 Mobile: 9845006768

Affix
Passport
size
photograph

LIVER TRANSPLANT - REGISTRATION FORM

1. Name : _____
2. Date of birth : _____ 3. Age: _____ 4. Gender: _____
5. Height : _____ 6. Weight: _____ 7. BMI: _____
8. Address : _____
: _____
: _____
9. Nationality: (Indian/NRI) _____ (Indian Nationals/Indian Descendents are only eligible for listing at ZCCK)
10. Contact Nos (Res/Off/Mob): _____
Close Relative: _____
Contact person n Ph No (in emergencies): _____
11. Blood Group :
12. HLA(if known) :
13. Primary Disease :
14. 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

16. HbsAg : _____ 16. Hepatitis C: _____ 17. HIV: _____
18. Primary Doctor: _____ 19. Hospital : _____
20. Regn Fee: Rs. _____ (Paid) DD No: _____ dated _____ drawn from
_____ (bank).

Signature of Patient:
(Of parent in case of a minor)

Signature of Treating Doctor:
and Hospital Seal

Data for submission at ZCCK:

- a) Proof of Date of Birth to be attached
- b) Proof of Residence to be provided (Ration card / Passport / Voter ID card)
- c) Copies of all Medical data (recent lab reports, Liver Function Test, HIV, HbsAg and Hepatitis C) from a recognized transplant centre
- d) Proof of Blood Group
- e) 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 : _____

For ZCCK