

**ZONAL CO-ORDINATION COMMITTEE OF KARNATAKA FOR
TRANSPLANTATION
(ZCCK)**



#A – 1, First Floor, Neuro-Science Faculty Centre,
NIMHANS, Hosur Road, Bangalore – 560 029.
Phone: (080) 26995716 Mobile: 9845006768

Affix
Passport
size
photograph

KIDNEY (and)/ PANCREAS TRANSPLANT - REGISTRATION FORM

1. Name : _____

2. Date of birth : _____ 3. Age: _____ 4. Sex: _____

5. Height : _____ 6. Weight: _____ 7. BMI: _____

8. Address : _____
: _____
: _____

9. Nationality: (Indian/NRI) _____ (Indian Nationals/Indian Descendents are only eligible for ZCCK listing)

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 :

15. Transplant Category: Kidney only () SKP () PAK () Pancreas only ()

16. Duration of Diabetes:

17. Secondary complications of diabetes:

18. Dialysis: Haemodialysis or peritoneal dialysis

Duration of dialysis:

19. Secondary Medical factors:

Angina: Y/N

Hypertension: Y/N

CVA:

Peripheral vascular disease:

COPD : Y/N

Previous Malignancy:

Recent DVT/PE:

Recent Albumin:

Recent Creatinine:

20. HbsAg: _____ 21. Hepatitis C: _____ 22. HIV: _____

23. Primary Doctor: _____ 24. Hospital : _____

25. Regn Fee: Rs. _____ (Paid) Cash/Cheque/DD No: _____ dated _____
drawn from _____ (bank).

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

Signature of Treating Doctor:

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, HIV, HbsAg and Hepatitis C) from a recognized transplant centre
- d) Proof of Blood Group
- e) Registration fee Rs. 2000/- , Cheque/DD payable in favour of "ZCCK".

DECLARATION

I _____ Son/daughter/Spouse of
_____ Resident of _____

do hereby declare that the contents of paragraph 1 to 25 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