

KIDNEY TRANSPLANT SUPPORT FOUNDATION
ORGAN DONATION REGISTRATION FORM

Under the Transplantation of Human Tissues Act No. 48 of 1987
P.O.Box 46, Battaramulla. Tel : +94 (0) 770 065177 / 0710 765177 / 0720 100655

KTSF / Hosp : **Registration No.**

1. **Full Name of Donor :** **ID No.**

2. **Address :**

..... **Tel :**

3. **Occupation :**

4. **Age :** **Married ?** Yes / No. **If married, No. of Children ?**

5. **Name of Spouse / Next of Kin :**

6. **Address :** **Tel:**

7. **Blood Group :** **HLA : A :** **B :** **DR :**
(HLA column is to be filled by the Nephrologists only)

8. Medical History : Have you ever had any of the following illnesses?

- a) **Diabetes ?** : Yes / No. If yes, the medication
- b) **Hypertension ?** : Yes / No. If yes, the medication
- c) **Hepatitis of any type ?** : Yes / No. If yes, indicate type
- d) **Known Kidney Diseases ?** :
- e) **Heart Disease ?** :
- f) **Any Psychiatric History ?** :
- g) **Any other ?** :

Are you on any Medication currently ? If so, please name the drugs and for what they are prescribed.

I, being of a sound frame of mind, do hereby indicate my willingness to donate **a living Kidney FREE of charge**, to any matching recipient, for the purpose of transplantation, to save a life.

I hereby grant consent to the Kidney Transplant Support foundation, their authorized nominees, or to any Govt. Medical Institution to **harvest a Kidney when alive**.

..... Witnesses : 1.

Signature Name :

2.

Entered into the Driving License? Y/N Name :