

BONE AND TISSUE TRANSPLANT NOTIFICATION FORM

Instruction: Complete this form to notify all transplant patients in your centre to National Transplant Registry within one month post transplant. Where check boxes are provided, check (✓) one or more boxes. Where radio buttons are provided, check (✓) one box only

Office use:	<input type="text"/>	/	<input type="text"/>
Centre:	<input type="text"/>		

Name of receiving Hospital & Department/ Unit : _____

Date of implantation of tissue graft
(Date of Transplant) : (dd/mm/yyyy) / /

Date of Notification: / /

Name of reporting person: _____

SECTION 1 : RECIPIENT DETAILS

*1. Name : <small>(Please print in capital letters)</small>	<input type="text"/>		
2. R/N :	<input type="text"/>		
*3. NRIC :	MyKad: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Old IC: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
	Other ID document No: <input type="text"/>		
	Specify document type (if others):	<input type="radio"/> Registration number	<input type="radio"/> Mother's I/C
		<input type="radio"/> Passport	<input type="radio"/> Father's I/C
		<input type="radio"/> Armed Force ID	<input type="radio"/> Work Permit #
		<input type="radio"/> Date of Birth	<input type="radio"/> Lab number
		<input type="radio"/> Others	<input type="radio"/> Others
	<12 years: Birth cert # : <input type="text"/>	I/C Guardian: Mother / Father <input type="text"/>	Sibling ranking: <input type="text"/> <input type="text"/>
4. Address:	Postcode: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Town / City: <input type="text"/>		
	State :	<input type="radio"/> Johor Darul Takzim	<input type="radio"/> Perak Darul Ridzuan
		<input type="radio"/> Kedah Darul Aman	<input type="radio"/> Perlis Indera Kayangan
		<input type="radio"/> Kelantan Darul Naim	<input type="radio"/> Pulau Pinang
		<input type="radio"/> Melaka	<input type="radio"/> Sabah
		<input type="radio"/> Negeri Sembilan Darul Khusus	<input type="radio"/> Sarawak
		<input type="radio"/> Pahang Darul Makmur	<input type="radio"/> Selangor Darul Ehsan
		<input type="radio"/> Terengganu Darul Iman	<input type="radio"/> Wilayah Persekutuan Kuala Lumpur
		<input type="radio"/> Wilayah Persekutuan Labuan, Sabah	<input type="radio"/> Wilayah Persekutuan Putrajaya
		<input type="radio"/> Not applicable - Foreign	
*5a. Date of Birth: <small>(dd/mm/yyyy)</small>	<input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> (autofill if MyKad is available)	5b. Age: <small>(autocalculate)</small>	<input type="text"/> <input type="text"/>
	<small>If the exact date is not known, please enter 01/07/yyyy</small>		
*6. Gender:	<input type="radio"/> Male	<input type="radio"/> Female	
*7. Ethnic group:	<input type="radio"/> Malay	<input type="radio"/> Indian	<input type="radio"/> Bumiputra Sarawak, specify: _____
	<input type="radio"/> Chinese	<input type="radio"/> Bumiputra Sabah, specify: _____	<input type="radio"/> Others, specify: _____
*8. Diagnosis of patient's condition warranting tissue graft transplantation:	<input type="checkbox"/> Congenital deformity	<input type="checkbox"/> Tumour- benign	<input type="checkbox"/> Sports injury
	<input type="checkbox"/> Infection	<input type="checkbox"/> Tumour- malignant	<input type="checkbox"/> Ophthalmological disease, specify: _____
	<input type="checkbox"/> Trauma	<input type="checkbox"/> Burn	<input type="checkbox"/> Failed primary surgery, specify: _____
	<input type="checkbox"/> Degenerative disease	<input type="checkbox"/> Scald	<input type="checkbox"/> Others, specify: _____

SECTION 2 : PRE TRANSPLANT DATA

1. Date Notify: (dd/mm/yyyy)	<input type="text"/> / <input type="text"/> / <input type="text"/>	*2. Date Supply: (dd/mm/yyyy)	<input type="text"/> / <input type="text"/> / <input type="text"/>
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*3. Bone & Tissue Supplier :	*4. Name of Hospital/ center :
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*5. Bone Tissue Graft Serial Num

*6. Bone Tissue Type :

Deep frozen tissues

<input type="radio"/> Achilles	→	<input type="radio"/> Achilles Tendon with bone plu	<input type="radio"/> Archilles Tendon	<input type="radio"/> Quadricep Tendon Bone
<input type="radio"/> Calvaria				
<input type="radio"/> Cartilage				
<input type="radio"/> Fascia	→	<input type="radio"/> Fascia Lata		
<input type="radio"/> Femoral head	→	<input type="radio"/> Femoral Head		
<input type="radio"/> Femur	→	<input type="radio"/> Left Distal Femur	<input type="radio"/> Left Proximal Femur	<input type="radio"/> Left Whole Femur
		<input type="radio"/> Right Distal Femur	<input type="radio"/> Right Proximal Femur	<input type="radio"/> Right Whole Femur
<input type="radio"/> Humerus	→	<input type="radio"/> Left Distal Humerus	<input type="radio"/> Left Humerus	<input type="radio"/> Left Proximal Humerus
		<input type="radio"/> Right Distal Humerus	<input type="radio"/> Right Humerus	<input type="radio"/> Right Proximal Humerus
<input type="radio"/> Knee slices				
<input type="radio"/> Mandible				
<input type="radio"/> Other Bone type	→	<input type="radio"/> Left Distal Fibula	<input type="radio"/> Left Fibula	<input type="radio"/> Left Proximal Fibula
		<input type="radio"/> Right Distal Fibula	<input type="radio"/> Right Fibula	<input type="radio"/> Right Proximal Fibula
<input type="radio"/> Other tendon / fascia / cartilag		_____		
<input type="radio"/> Patella	→	<input type="radio"/> Anterior Tibialis Tendon	<input type="radio"/> Bone Patella Tendon Bon	<input type="radio"/> Distal Patella Tendon
		<input type="radio"/> Peroneus Longus Tendon	<input type="radio"/> Posterior Tibialis Tendon	<input type="radio"/> Proximal Patella Tendon
<input type="radio"/> Pelvis				
<input type="radio"/> Radius	→	<input type="radio"/> Left Radius	<input type="radio"/> Right Radius	
<input type="radio"/> Tibia	→	<input type="radio"/> Left Distal Tibia	<input type="radio"/> Left Proximal Tibia	<input type="radio"/> Left Whole Tibia
		<input type="radio"/> Right Distal Tibia	<input type="radio"/> Right Proximal Tibia	<input type="radio"/> Right Whole Tibia
<input type="radio"/> Ulna	→	<input type="radio"/> Left Ulna	<input type="radio"/> Right Ulna	
<input type="radio"/> Others, specify		_____		

Freeze dried (Lyophilised)

<input type="radio"/> Amniotic membranes	→	<input type="radio"/> Air Dried Amnion Without Gauze	<input type="radio"/> Bone powder	
<input type="radio"/> Bone granules	→	<input type="radio"/> Granules	<input type="radio"/> Cancellous	→ <input type="radio"/> Cancellous Chip
<input type="radio"/> Skin Freeze dried	→	<input type="radio"/> Glycerol Cryopreserved Amnion (Froze	<input type="radio"/> Cortical	→ <input type="radio"/> Cortical Block
<input type="radio"/> Skin Glycerolised	→	<input type="radio"/> Glycerol Preserved Amnion	<input type="radio"/> Cortico-cancellous	→ <input type="radio"/> Corticocancellous
<input type="radio"/> Other Freeze Dried Bone		_____		
<input type="radio"/> Other Skin types		_____		

Others, specify _____

7. Origin of tissue graft:	<input type="radio"/> Local	<input type="radio"/> Imported
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8. Type of sterillization of the graft:	<input type="checkbox"/> Irradiation	<input type="checkbox"/> Peracetic Acid-Ethanol	<input type="checkbox"/> Ethylene Oxide	<input type="checkbox"/> Others, specify: _____	<input type="checkbox"/> Not sterilized
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9. Mode of transport to recipient hospital:	<input type="radio"/> Flight and/or land vehicle	<input type="radio"/> By hand directly from the bank	<input type="radio"/> Courier service	<input type="radio"/> Others, specify: _____
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10. Temperature of storage during transportation: (°C)	<input type="radio"/> -80°C to -50°C	<input type="radio"/> -49°C to 0°C	<input type="radio"/> Room Temperature	<input type="radio"/> Others, specify: _____
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11. Surgeon Name:

Version2.0 last updated on 22/05/2023

* Mandatory Fields

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