N A T I O N A L T R A N S P L A N T R E G I S T R Y
c / o T r a n s p l a n t R e g i s t r y U n i t
Level 5, Menara Wisma Sejarah, 230 Jalan Tun Razak,
50400 Kuala Lumpur, Malaysia.
Tel:603-2681 5948 Fax:603-2681 5949 E-mail:ntr@acrm.org.my Website:www.mst.org.my/ntrSite

BONE & TISSUE DISTRIBUTION LOG

No	Date supply (dd/mm/yyyy)	Name of hospital/ centre (receiver name)	Type of bone/tissue	Tissue/Bone Bank ID	Quantity	Origin of tissue graft	Surgeon name

Please tick as applicable

From: ( ) **Tisu Bank, HUSM** ( ) **Bone Bank, UMMC**

( ) **Bone Bank, HKL** ( ) **Others, specify : _____**

Person in-charge : _____
Contact No : _____
Date : _____