



Australian Government

Australian Organ and Tissue Donation
and Transplantation Authority

Australian paired Kidney eXchange (AKX)

Recipient Registration Form

Paired Donation: Recipient Registration

Referral Centre:		State:		Transplant Centre:	
Nephrologist:		Phone:		email:	
Transplant nurse:		Phone:		email:	

Recipient Details:										SECTION 1	
Surname:					Sex:	Male = 1		Female = 2			
First name:				Middle name:							
Date of Birth:											
Recipient registered with NOMS	Yes			No							
NOMS Recipient ID Number:											
For recipients not on NOMS, or registered as pre-emptive, a nephrologist must confirm that the recipient has had a full medical/surgical assessment and is deemed suitable as a potential transplant recipient.											
Dr :				Signature:				Date:			
Additional Registration Criteria:										SECTION 2	
On Dialysis:	O Yes O No		Date commenced dialysis:								
Pre-emptive transplantation:	O Yes O No		CMV:		O Pos O Neg		EBV: O Pos O Neg				
Height (cm):		Weight (kg):		BMI (kg/m ²):		Blood Group:					
Recipient Status on AKX List:											
Recipient Status on AKX List:										SECTION 3	
Status required for potential recipient on paired donation list:					Active = 1		Suspended = 2		Removed = 3		
If recipient is being suspended or removed from the list, please specify reason:											

Recipient Consent:**SECTION 4**

Confirmation is required that this potential recipient has consented for his/her personal and clinical data to be shared with the AKX and other health professionals as necessary. Consents may be witnessed by a nephrologist or transplant coordinator. Please submit consent with this form

Date consent signed:

Witnessed by:

Position:

This Form Completed by:**SECTION 5****Full Name:**

(please print)

Signature:**Position:****Contact telephone No.:****Contact email:****Date:**

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FOR AKX USE ONLY

Recipient registered/updated:

Date:

Donor registered :

Date:

Donor-recipient link made:

Date:

Confirmation of registration advised:

Date: