BONE AND TISSUE TRANSPLANT NOTIFICATION FORM

Office use:	/
Centre:	

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 box as appropriate unless otherwise specified.

The NTR Address:
National Transplant Registry
2nd Floor, MMA House,
124 Jalan Pahang,
53000 Kuala Lumpur.

Name of Unit & Centre: ____________________ **Date (dd/mm/yy):** | | |

Name of reporting person: ____________________

SECTION 1 : RECIPIENT DETAILS

1. Name:		**2. RN:**	
3. Identification Card Number :	*Old IC:*	*New IC:*	
	Other ID document no:	*Specify type (eg. passport, armed force ID):*	
	<12 years: Birth cert no : *I/C Guardian:* Mother / Father	*Sibling ranking:*	
4. Address:			
	Postcode:	**Town/City:**	**State:**
5. Date of Birth (dd/mm/yy):		**6. Gender:**	☐ Male ☐ Female

7. Ethnic group:

- ☐ Malay
- ☐ Chinese
- ☐ Indian
- ☐ Bumiputra Sarawak, specify: ____________
- ☐ Bumiputra Sabah, specify: ____________
- ☐ Others, specify: ____________

8. Diagnosis of patient's condition warranting tissue graft transplantation:

- ☐ Congenital deformity
- ☐ Infection
- ☐ Trauma
- ☐ Degenerative disease
- ☐ Tumour- benign
- ☐ Tumour- malignant
- ☐ Burn
- ☐ Scald
- ☐ Sports injury
- ☐ Ophthalmological disease, specify: ____________
- ☐ Failed primary surgery, specify: ____________
- ☐ Others, specify: ____________

SECTION 2 : PRE TRANSPLANT DATA

Tissue Banking data

9. Name of Tissue Bank:	
10. Address of Tissue Bank:	
11. Tissue graft serial number:	
12. Origin of tissue graft:	☐ Local ☐ Imported
13. Type of sterillization of the graft :	☐ Irradiation ☐ Others, specify: ____________
14. Mode of transport storage to recipient hospital:	
15. Temperature of storage during transportation (℃):	
16. Tissue graft type	i) ☐ Deep frozen tissues ii) ☐ Freeze dried (Lyophilised)

17.

Bone	Quantity
Knee slices	
Femur	
Femoral head	
Humerus	
Tibia	
Radius	
Ulna	
Mandible	
Calvaria	
Pelvis	
Others:	

18.

Tendon / fascia / cartilage	Quantity
Patella	
Achilles	
Fascia	
Cartilage	
Others:	

19.

Freeze Dried Bones	Quantity
Cancellous	
Cortical	
Cortico-cancellous	
Bone granules	
Bone powder	

20.

Skin substitutes	Quantity
Skin Glycerolised	
Skin Freeze dried	
Amniotic membranes	
Other types:	

SECTION 3 : TRANSPLANT SURGERY DATA

21. Date of receipt of tissue graft (dd/mm/yy):	
22. Date of implantation of tissue graft (dd/mm/yy):	
23. Mode of storage in recipient hospital:	☐ Refrigerator ☐ Deep freezer -20 degree Celcius ☐ Deep freezer -40 degree Celcius ☐ Deep freezer -80 degree Celcius ☐ Liquid Nitrogen ☐ Glycerol ☐ Room temperature ☐ Others
24. Anatomical site of transplantation:	
25. Type of operation:	
26. Additional tissues usage (composite graft):	☐ Yes ☐ No ☐ autografts ☐ allografts ☐ xenografts ☐ alloprosthesis ☐ Others, specify: ______
27. Presence of pre operative infection at implant site:	☐ Yes ☐ No a. Type of organism: ______
28. Pre implant graft culture swab:	☐ Positive ☐ Negative a. Type of organism: ______
29. Grafts soak in antibiotics prior to transplantation:	☐ Yes ☐ No a. Name of antibiotic: ______
30. Systemic antibiotics prior to transplantation:	☐ Yes ☐ No
31. Name of surgeon in charge (optional):	
32. Specialty/Subspecialty of surgeon:	

Name of antibiotic:	Duration (in days):