

# 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"/>		

**The NTR Address:**  
**National Transplant Registry**  
**Level 5, Menara Wisma Sejarah**  
**230, Jalan Tun Razak**  
**50400 Kuala Lumpur**

Name of Unit & Centre: \_\_\_\_\_ Date (dd/mm/yyyy):  /  /

Name of reporting person: \_\_\_\_\_

## SECTION 1 : RECIPIENT DETAILS

<b>1. Name :</b> * (Please print in capital letters)	<input type="text"/>		
<b>2. R/N:</b>	<input type="text"/>		
<b>3. NRIC :</b> *	MyKad: <input type="text"/> - <input type="text"/> - <input type="text"/>	Old IC: <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"/> Armed Force ID <input type="radio"/> Date of Birth <input type="radio"/> Passport <input type="radio"/> Father's I/C <input type="radio"/> Work Permit # <input type="radio"/> Lab number <input type="radio"/> Others	
	<12 years: Birth cert # : <input type="text"/>	I/C Guardian: Mother / Father <input type="text"/>	Sibling ranking: <input type="text"/>
<b>4. Address:</b>	Postcode: <input type="text"/> Town / City: <input type="text"/> State : <input type="radio"/> Johor Darul Takzim <input type="radio"/> Pahang Darul Makmur <input type="radio"/> Sarawak <input type="radio"/> Wilayah Persekutuan Labuan, Sabah <input type="radio"/> Kedah Darul Aman <input type="radio"/> Perak Darul Ridzuan <input type="radio"/> Selangor Darul Ehsan <input type="radio"/> Wilayah Persekutuan Putrajaya <input type="radio"/> Kelantan Darul Naim <input type="radio"/> Perlis Indera Kayangan <input type="radio"/> Terengganu Darul Iman <input type="radio"/> Wilayah Persekutuan Kuala Lumpur <input type="radio"/> Melaka <input type="radio"/> Pulau Pinang <input type="radio"/> Negeri Sembilan Darul Khusus <input type="radio"/> Sabah <input type="radio"/> Not applicable - Foreign		
<b>5a. Date of Birth:</b> * (dd/mm/yyyy)	<input type="text"/> / <input type="text"/> / <input type="text"/> (autofill if MyKad is available)	<b>5b. Age:</b> (autocalculate) <input type="text"/>	<b>6. Gender:</b> * <input type="radio"/> Male <input type="radio"/> Female
	If the exact date is not known, please enter 01/07/yyyy		
<b>7. Ethnic group:</b> *	<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: _____		
<b>8. Diagnosis of patient's condition warranting tissue graft transplantation:</b>	<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 (Tissue Banking data)

<b>1. Name of Tissue Bank:</b>	<input type="text"/>		
<b>2. Address of Tissue Bank:</b>	<input type="text"/>		
<b>3. Tissue graft serial number:</b>	<input type="text"/>		
<b>4. Origin of tissue graft:</b>	<input type="radio"/> Local <input type="radio"/> Imported		
<b>5. Type of sterilization of the graft :</b>	<input type="checkbox"/> Irradiation <input type="checkbox"/> Others, specify: <input type="text"/> <input type="checkbox"/> Peracetic Acid-Ethanol <input type="checkbox"/> Ethylene Oxide <input type="checkbox"/> Not sterilized		
<b>6. Mode of transport to recipient hospital:</b>	<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: _____		
<b>7. Temperature of storage during transportation: (°C)</b>	<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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## SECTION 2 : PRE TRANSPLANT DATA (Continue)

8. Tissue graft type:	<input type="radio"/> Deep frozen tissues →	<table border="1"> <thead> <tr> <th>Bone</th> <th>Quantity</th> </tr> </thead> <tbody> <tr><td>Knee slices</td><td></td></tr> <tr><td>Femur</td><td></td></tr> <tr><td>Femoral head</td><td></td></tr> <tr><td>Humerus</td><td></td></tr> <tr><td>Tibia</td><td></td></tr> <tr><td>Radius</td><td></td></tr> <tr><td>Ulna</td><td></td></tr> <tr><td>Mandible</td><td></td></tr> <tr><td>Calvaria</td><td></td></tr> <tr><td>Pelvis</td><td></td></tr> <tr><td>Others _____</td><td></td></tr> </tbody> </table>	Bone	Quantity	Knee slices		Femur		Femoral head		Humerus		Tibia		Radius		Ulna		Mandible		Calvaria		Pelvis		Others _____		<table border="1"> <thead> <tr> <th>Tendon / fascia / cartilage/ skin</th> <th>Quantity</th> </tr> </thead> <tbody> <tr><td>Patella</td><td></td></tr> <tr><td>Achilles</td><td></td></tr> <tr><td>Fascia</td><td></td></tr> <tr><td>Cartilage</td><td></td></tr> <tr><td>Skin</td><td></td></tr> <tr><td>Others _____</td><td></td></tr> </tbody> </table>	Tendon / fascia / cartilage/ skin	Quantity	Patella		Achilles		Fascia		Cartilage		Skin		Others _____	
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## SECTION 3 : TRANSPLANT SURGERY DATA

1. Date of receipt of tissue graft:	<input type="text"/> / <input type="text"/> / <input type="text"/> (dd/mm/yyyy)
2. Date of implantation of tissue graft:	<input type="text"/> / <input type="text"/> / <input type="text"/> (dd/mm/yyyy)
3. Mode of storage in recipient hospital:	<input type="radio"/> Refrigerator +4 degree Celcius <input type="radio"/> Deep freezer -80 degree Celcius <input type="radio"/> Freezer -20 degree Celcius <input type="radio"/> Room temperature <input type="radio"/> Others, specify: _____
4. Anatomical site of transplantation:	
5. Type of operation:	
6. Additional tissues usage (composite graft):	<input type="radio"/> Yes → <input type="radio"/> autografts <input type="radio"/> xenografts <input type="radio"/> alloprosthesis <input type="radio"/> No <input type="radio"/> Others, specify: _____
7. Presence of pre operative infection at implant site:	<input type="radio"/> Yes → a. Type of organism: <input type="text"/> <input type="radio"/> No
8. Pre implant graft culture swab:	<input type="radio"/> Positive → a. Type of organism: <input type="text"/> <input type="radio"/> Negative
9. Grafts soak in antibiotics prior to transplantation:	<input type="radio"/> Yes → a. Name of antibiotic: <input type="text"/> <input type="radio"/> No
10. Systemic antibiotics prior to transplantation:	<input type="radio"/> Yes → a. Name of antibiotic: <input type="text"/> b. Duration (in days): <input type="text"/> <input type="radio"/> No
11. Name of surgeon in charge (optional):	
12. Specialty/Subspecialty of surgeon:	