Lungs Registration & Medical Factors

Name :	Blood Group :	Age :

Clinical Information :

*Height /cm

*Weight /kg

*Rh Typing

*ABO Blood Group

*PRA I %

*PRA II %

*6 min Walk Test Results

*Room air ABG Report

*Lung Size

* Diagnosis

*Diabetic

*CMV Ig G

*Hep C

*HbsAg

*PRA I Type

*PRA II Type

*HIV

*Aarogyasri ○ Yes ◉ No

* Registration Fee Status

* Payment Type

* Cheque Number

* Issued Date

* Account Number

* Bank Name

* Branch Name

*Date of Application Submission

*Priority
○ Emergency
○ Semi Emergency
◉ Elective

*Transplantation Type
○ Single Lung / Bilateral Lung
○ Heart-Lung

Pulmonologist :
Name:

Designation:

Signature:

CT Surgeon:
Name:

Designation:

Signature:

* **Supporting documents to be enclosed**