

CLOSE BLOOD RELATIVES:

**DOCUMENTS REQUIRED FOR DONATION OF ORGAN BY CLOSE BLOOD
RELATIVE/UN-RELATED PERSON**

RECIPIENT:

Name: _____ S/o, D/o, W/o _____

National Identity Card (CNIC) No.: _____ (copy attached)

Age (D.O.B): _____ Blood Group: _____ Sex: _____

Referred by: _____ (Attach copy)

Tissue Typing: _____

S.#	Relation	Name	S/o, D/o, W/o	Blood Group	Reason of Ineligibility	CNIC
WIFE/HUSBAND						
FATHER						
MOTHER						
BROTHERS						
SISTERS						
SONS						
DAUGHTERS						

Administrator's Signature _____

Transplant Surgeon's Signature _____

Stamp: _____

Stamp: _____

NON-CLOSE BLOOD RELATIVES:

S.#	Relation	Name	S/o, D/o, W/o	Blood Group	Reason of Ineligibility	CNIC
Uncles Paternal (Chacha)						
Uncles Maternal (Mamoo)						
Aunts Paternal (Phopho)						
Aunts Maternal (Khala)						
NEPHEWS						
NIECES						

Administrator's Signature _____

Transplant Surgeon's Signature _____

Stamp: _____

Stamp: _____