

Health Division, Malta

NOTIFICATION OF ORGAN TRANSPLANT

(All data is collected and processed in accordance with the Data Protection Act 2001. The registry will not disclose personal information about the client to anyone unless the law permits. The sensitive data being requested is required for the purposes of Public Health, Statistics and Research.)

Description of organ / tissue (incl. Right or Left): _____

Donating Person

Name: _____

Id no / passport no: _____

Organ/tissue retrieval

Date: _____

Location of procedure: _____

Name of medical practitioner: _____

Medical Council reg. no.: _____

Receiving Person

Name: _____

Id no / passport no: _____

Organ/tissue transplant procedure

Date: _____

Location of procedure: _____

Name of medical practitioner: _____

Medical Council reg. no.: _____

Notifier

Signature: _____ Date: _____

Name: _____

Position: _____

A separate form must be completed for each organ/tissue transfer and sent in a sealed envelope to the:
National Organ Transplant Registry, Department of Health Information, 95 G'Mangia Hill, G'Mangia MSD08.