

Appointment Schedule
Reimbursement Program for Living Donors (RPLD)

This form must be completed by the transplant centre in block letters.

Family name of applicant :		-		Given name of applicant :					_
Date of birth of applicant :			dd	Health insurance number	of applicant :				-
Name of transplant	centre :					Kic	lney	Liver	
		Purpose of the visit - Please (If "other", please	-					Légend	
Date (yyyy-mm-dd)	Code		Comments				Code	Description]
							L	Lab	Ī
							1	Imaging	
							sc	Surgery consultation	
							EX	More in-depth examination	
							Т	Tissue typing	
							Т	Teaching	
							Н	Pre-surgical hospitalization	
							MC	Medical consultation	
							PC	Psychological consultation	
							0	Other]
Confirmation of el	ligibility ι	under the Reimburseme	nt Program for Li	ving Donors					
Date of pro	ocuremen	t surgery: :	dd	Not applicable	Pending				
Date of hospital discha			·	Not applicable	Pending				
Is this don	or signed	up to the <i>Living Donor Pa</i>	mm dd aired Exchange Re	egistry? Yes	□ No	П			
If so, please name the participating hospital :					Prov	vince :			
00,	, p.o	amo mo pamo.pam.g neo	<u> </u>			-			
Québec or is signed	d up to the	e Canada's <i>Living Donor</i>	Paired Exchange F	t of an organ to a Quebec Registry enabling a recipie n is accurate and complete	nt from Quebe				
	of transpla (In block i	nt coordinator) letters)	(Signa	nture of transplant coordina	itor)	УУУУ	, -	mm - dd	

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