

## Travel Support Letter For donors living outside of Quebec

## **Reimbursement Program for Living Donors (RPLD)**

This form mu	ust be completed by the transplant centre in block i	etters.
Family name of applicant :		
Given name of applicant :		
Date of birth of applicant :	yyyy mm dd	
Home address of applicant :		
	(Number, street, app	eartment)
	(City, province/state, country, po	ostal code/zip code)
Name of transplant centre :		
To the administrator of the Reimbursement F	Program for Living Donors ,  has offered to serve as a living donor for a C	Duábec recipient covered under
(Name of living donor in block letters)	rias offered to serve as a living donor for a G	adebec recipient covered under
the Régie d'assurance maladie du Québec c	or as a person signed up to Canada's Living D	Oonor Paired Exchange
Registry, through wich Québec recipients ca	n receive an organ as part of a given pairing	cycle. At our request, the
above-mentionned donor has travelled for th	e purposes of an assessment and/or a	kidney liver
procurement in aid of the recipient referred to	o above.	
This <i>Travel Support Letter</i> is intended to allo		to claim travel expenses
n full or in part.	(Name of living donor in block letters)	
(Signature of the transplant coordi	nator)	yyyy mm dd
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