CENTER FOR HUMAN GENETICS LABORATORY

Transplant Summary Sheet

University Hospitals
Case Medical Center

Molecular Diagnostics Testing Laboratory
Phone: 216-983-1134
Fax: 216-983-1144

Transplant Information Summary for: _____

Recipient Information	NAME:	Other Information:
SEX		
DOB		
MR#		

Donor 1 Information	NAME:	Other Information:
SEX		
Date of Transplant		
DOB		
MR#		

Donor 2 Information	NAME:	Other Information:
SEX		
Date of Transplant		
DOB		
MR#		

Donor 3 Information	NAME:	Other Information:
SEX		
Date of Transplant		
DOB		
MR#		

Notes