**SAUDI CENTER FOR ORGAN TRANSPLANTATION**

**المركز السعودي لزراعة الأعضاء**

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Saudi Center for Organ Transplantation

# استمارة تسجيل مريض زراعة رئة

# LUNG TRANSPLANTATION : REGISTRY FORM

**Hospital Code** ☐☐☐☐☐☐ **Patient No.** ☐☐☐☐☐☐ **SCOT No.** ☐☐☐☐☐☐

**اسم المريض**

| Name | | | | |
|---|---|---|---|---|
| | (First) | Second | Third | Family |
| | العائلة | الجد | الأب | رباعي |

**Date of filling this form: / /**

## 1. PATIENT IDENTIFICATION

**(This Section to be filled only once for every new patient)**

**1. Date of Birth / / 2. Sex ..... 3. Saudi I.D./Iqama No.....**

**4. Nationality:..... 5. Occupation:.....**

**6. Marital Status: Single ☐ Married ☐ Widow ☐ 7. Address: P.O. Box .....**

**.....**

**8. Blood group** A | B | AB | O

**9. Patient Tel: .....**

## 2. PATIENT STATUS

**(This Section to be filled if changes)**

**Medical Conditions : .....**

**.....**

## 3. CAUSE OF END-STAGE RESPIRATORY FAILURE

**Date:**

| | |
|---|---|
| | **Severe obstructive lung disease of any cause.** |
| | **Restrictive lung disease** |
| | **Primary pulmonary hypertension or secondary** |
| | **Primary pulmonary hypertension with eisenmenger disease** |
| | **Supportive lung disease** |

**NAME OF DOCTOR**

**SIGNATURE** **Date:**

**P.O.Box 27049 , Riyadh 11417. K.S.A Tel :4451100 - Free phone: 8001245500 , Fax 4453934**