

Summary Sheet Template and Verification log – final (current) version

Patient Details:																			
Name			TTID	WBMDR		DoB	NHS No	Hospital		Referring Consultant			Diagnosis						
Status	Date MUD Activated	HLA Type	A*	B*	C*	DRB1*	DRB1*	DPE1*	Homocysteine Y/N	ABO	WBS UHW	Blood Date	CMV	WBS UHW	Blood Date				
Blood Date 1																Comments for Patient Services			
Blood Date 2	SBT Requested	SBT Completed		CI Serol (Y/N)	Clotted (Y/N)	Ab Results													
Blood Date 3																			
Blood Date 4																			

Related Donors										
Name	Relation	TTID	Blood Date 1	Blood Date 2	Class II SBT	HLA	DSA Results	DSA Confirmed	Date of last DSA	Notes

Unrelated Donors:																					
Donor GRID	Registry / Patient No	Registry Details					Date CT Selected	By	Notes (Pregnancies, unavailability etc.)	CT Details											
		Gender	Age	ABD	CMV	HLA (Registry)				TTID	Date Received	CI Serol	Pre-Select complete	HLA (WTAIL)	ABO		CMV		WBS (WBS)	Height/Weight	Reserved Until

Ranked Donors details:													H&I Close Out				
Donor GRID	Registry	Rank	Date Ranked	By	DSA Results	DSA Report Dates		Forms to UHW	Pre Harvest Sample Details			Notes	Collection Date	Close-Out Date	Reason for Close out	Close out letter sent	Date of Tx
						Initial	PreTx		H&I Requirements	Due Date	Received						

Actions Plan					
Date	Action	Actioner	Target Date	Date Complete	Action Update

Clinician Meeting Notes	
MDT Date	Summary Discussion

Date	Action	Verified By	Date