**Death/Graft Failure Notification**

To be completed for all transplant recipients upon death, or in the event of a graft failure.

|  |  |  |  |
| --- | --- | --- | --- |
| **Center:** |  | **Contact:** |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Patient Information:** | | | | |
| **Patient Name:** |  | | **Organ:** |  |
| **Date of Birth:** |  |  | **Date of Transplant:** |  |
|  | | | | |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Death:** | | | | |
| **Cause of Death:** |  | **Date:** |  |  |
|  | | | | |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Graft Failure:** | | | | |
| **Failure Date:** |  | **Relist date (if applicable):** |  |  |
|  | | | | |