**Death/Graft Failure Notification**

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

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

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| **Patient Information:** |
| **Patient Name:** |       | **Organ:** |       |
| **Date of Birth:** |       |  | **Date of Transplant:** |       |
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| **Death:** |
| **Cause of Death:** |       | **Date:** |       |  |
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| **Graft Failure:** |
| **Failure Date:** |       | **Relist date (if applicable):** |       |  |
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