



ALLOGRAFT ORDER FORM

RECIPIENT DETAILS

RECIPIENT NAME:		UNIT RECORD NO:
ADDRESS:		
DATE OF BIRTH:	SEX:	BLOOD GROUP:

PURCHASE ORDER NO:	ATTENTION OF:
SURGEON:	
HOSPITAL:	
HOSPITAL ADDRESS:	
PHONE:	FAX:

DELIVERY ADDRESS (if different from above)	
ATTENTION OF:	
PHONE:	FAX:

SURGERY DETAILS	
DATE:	
DESCRIPTION OF SURGERY:	

Type / Description / Left or Right?	Weight / Dimensions	PLUSLIFE USE ONLY		
		PlusLife No:	Recipient:	Date Used:

ADDITIONAL INFORMATION:		
ORDER PLACED BY:		
PLUSLIFE USE ONLY		
ORDER TAKEN BY:	DATE:	TIME:
TRANSPORT ARRANGEMENTS:		

MEDICAL OFFICER RESPONSIBILITY – PTO

***IT IS THE MEDICAL OFFICER'S RESPONSIBILITY TO DISCUSS THE FOLLOWING WITH THE PATIENT RECEIVING ALLOGRAFT:***

- This allograft has been donated and processed IN AUSTRALIA by:
  - A patient undergoing hip replacement surgery, or;
  - With the consent of the next of kin, by a person who expressed the wish to be a donor after their death.
- All donors have been screened for HIV (AIDS) and Hepatitis using conventional methods; and have been shown to be negative.
- There is an extremely small risk of transmission of infectious organisms such as HIV, Hepatitis B & C; and prions believed to be responsible for diseases such as Creutzfeldt-Jacob Disease (or variant).
- The risk of the allograft being rejected is very small.
- There is a very small risk of developing antibodies to blood cells present in the allograft.