

Apply Addressograph / Patient Label

Surgeon: _____
 Procedure: _____
 Date of Surgery: _____
 Hospital: _____



For female patients: blood Rhesus factor (circle) + -

ALLOGRAFT REQUIRED

MILLED BONE – please enter the number of units required (shaded units are unavailable)						
Particle Size	Unit Weight/Volume (volume is for the given weight)					
	<5g ~ <10cc	5-9g ~ 10-20cc	10-19g ~ 21-39cc	20-29g ~ 40-58cc	30-50g ~60-100cc	>50g ~>100cc
Coarse (8 - 10mm)						
Fine (5 - 8mm)						
Super Fine (1 – 3mm)						
Ultra Fine (0.5 - 1mm)						

OTHER	DETAILS e.g. dimensions, quantity etc. (refer to www.pluslife.org.au for full range)
Whole Femoral head	
Strut	Femoral/Tibial
Wedge	
Tendon	
Other Allograft	

Allograft Order Form

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.

MEDICAL OFFICER

Name (please print): _____

Signature: _____ Date: _____