**FORM 1:**

**STUDENT TRANSPLANT PAYMENT**

**VALIDATION FORM**

Instructions to student: Please complete your details on this form and then obtain a signature from one of the transplant team (preferably a surgeon) as evidence of your presence at a callout. Please then scan and email this form to [cutransplantrota@gmail.com](mailto:cutransplantrota@gmail.com).

|  |  |  |  |
| --- | --- | --- | --- |
| Student name: |  | Email: |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Date | Type of callout  (delete as applicable) | Organ, donor hospital and donor number. | Transplant team signature | Name of signatory | Contact bleep or email  (in case of queries) |
|  | retrieval  implant  no operation |  |  |  |  |

Please direct any queries to the student transplant rota co-ordinator, Essam Rama (cutransplantrota@gmail.com).