**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.

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| --- | --- | --- | --- |
| 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) |
|  | retrievalimplantno operation |  |  |  |  |

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