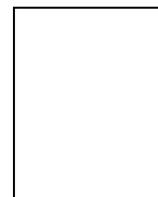


## SWAP RECIPIENT

Photo-



Name-

DOB-

Age-

Sex-

Weight-

Height-

BMI-

Address-

Tel No-

Mobile-

Email I-

Profession-

Income Category-

(Low, Middle, High)

Cause of CKD-

Comorbidity-

Blood Group-

HLA-

Previous Transplant:

Comorbidities-

Hepatitis B Status-

Hepatitis C Status-

HIV Status-

Date of start of Dialysis-

Failed Access No. -

Failed Transplant No. -

Primary Nephrologist-

Primary Nephrologist Address-

Primary Nephrologist -

Tel No. Dialysis Centre Dialysis Centre Address-

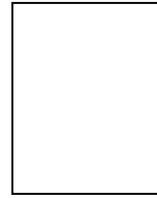
Dialysis Centre - Tel No.:

Date of ASTRA Registration:

Date of Cadaveric Donor Transplant Registration:

## SWAP DONOR

Photo-



Name-

DOB-

Age-

Sex-

Weight-

Height-

BMI-

Address-

Tel No.-

Mobile-

Email Id-

Profession-

Relationship to Recipient-

Income Category-

(Low, Middle, High)

Blood Group-

HLA-

Lymphocyte X matched with family recipient-

Comorbidity-

Hepatitis B Status-

Hepatitis C Status-

HIV Status-

Those patients who desire to benefit from this unique opportunity are requested to register at:

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**Apex Swap Transplant Registry (ASTRA)**  
**Apex Kidney Care-Sushrut Hospital**  
**Swastik Park, Chembur, Mumbai 400071.**  
**Tel. 2527 8908, 2527 8909.**

### **Documents Require:**

- Primary Nephrologists latter.
- Blood Group report of Donor and Recipient.
- All documents which proves recipient and donor is Indian resident, and they are in related to each other.
- Passport size photograph of donor and recipient.
- Registratation fees Rs-250/- in (you can send the claque in the name of Apex Kidney Foundation )