

## Create Pre-87 Transplant

To create a transplant event that occurred on or before October 1, 1987, complete the form below.  
Please note in the comment box (last page), the specific years for which you have data so follow up forms can be created.

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Transplant center: \*

Recipient last name: \*

Recipient first name: \*

Recipient SSN: \*

Recipient date of birth: \*

Recipient gender: \*     Male     Female

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**Recipient Ethnicity/Race:** (Select all origins that apply) \*

**American Indian or Alaska Native**

American Indian

Eskimo

Aleutian

Alaska Indian

American Indian or Alaska Native: Other

American Indian or Alaska Native: Not Specified/Unknown

**Asian**

Asian Indian/Indian Sub-Continent

Chinese

Filipino

Japanese

Korean

Vietnamese

Asian: Other

Asian: Not Specified/Unknown

**Black or African American**

African American

African (Continental)

West Indian

Haitian

Black or African American: Other

Black or African American: Not Specified/Unknown

**Hispanic/Latino**

Mexican

Puerto Rican (Mainland)

Puerto Rican (Island)

Cuban

Hispanic/Latino: Other

Hispanic/Latino: Not Specified/Unknown

**Native Hawaiian or Other Pacific Islander**

Native Hawaiian

Guamanian or Chamorro

Samoan

Native Hawaiian or Other Pacific Islander: Other

Native Hawaiian or Other Pacific Islander: Not Specified/Unknown

**White**

European Descent

Arab or Middle Eastern

North African (non-Black)

White: Other

White: Not Specified/Unknown

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Recipient ABO: \*      \_\_\_ O \_\_\_ A \_\_\_ B \_\_\_ AB \_\_\_ A1 \_\_\_ A1B \_\_\_ A2 \_\_\_ A2B

Status: \*

Transplant date: \*

Organ: \*

Procedure type: \*

Transplant Discharge date: \*

Graft Status: \*      \_\_\_ Functioning    \_\_\_ Failed

Graft Fail Date: \*

Recipient histocompatibility lab: \*

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Donor type: \*  Living  Deceased

OPO center: \*  
*if Deceased Donor*

Donor Hospital: \*  
*if Deceased Donor*

Donor last name: \*

Donor first name: \*

Donor SSN:

Donor age (in years):

Donor date of birth:

Donor gender:  Male  Female

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**Donor Ethnicity/Race:** (Select all origins that apply)

**American Indian or Alaska Native**

American Indian

Eskimo

Aleutian

Alaska Indian

American Indian or Alaska Native: Other

American Indian or Alaska Native: Not Specified/Unknown

**Asian**

Asian Indian/Indian Sub-Continent

Chinese

Filipino

Japanese

Korean

Vietnamese  
Asian: Other  
Asian: Not Specified/Unknown

**Black or African American**

African American  
African (Continental)  
West Indian  
Haitian  
Black or African American: Other  
Black or African American: Not Specified/Unknown

**Hispanic/Latino**

Mexican  
Puerto Rican (Mainland)  
Puerto Rican (Island)  
Cuban  
Hispanic/Latino: Other  
Hispanic/Latino: Not Specified/Unknown

**Native Hawaiian or Other Pacific Islander**

Native Hawaiian  
Guamanian or Chamorro  
Samoan  
Native Hawaiian or Other Pacific Islander: Other  
Native Hawaiian or Other Pacific Islander: Not Specified/Unknown

**White**

European Descent  
Arab or Middle Eastern  
North African (non-Black)  
White: Other  
White: Not Specified/Unknown

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Donor ABO:    \_\_\_ O \_\_\_ A \_\_\_ B \_\_\_ AB \_\_\_ A1 \_\_\_ A1B \_\_\_ A2 \_\_\_ A2B

Donor histocompatibility lab: \*

**Requestor Name:**

**Requestor Phone:**

**Requestor Email:**

**Requestor Center Code:**

**Comments:**

Enter specific years for which you have data to report so that follow-up forms can be generated.