

TGLN #: \_\_\_\_\_

### LIVING DONOR ALLOCATION CHECKLIST

<p><b>Living Donor TGLN Number:</b> _____</p> <p><b>Name of Transplant Program:</b> _____</p> <p><b>Name of Recipient Transplant Coordinator:</b> _____</p>
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#### Type of Allocation

- Anonymous Donor
- List Exchange Donor

#### Documentation - *Check off upon receipt of fully complete documentation.*

- Consent
- Copy of ABO
- Living Donor Recipient TGLN ID #: \_\_\_\_\_ (when available)
- List Exchange Recipient TGLN ID #: \_\_\_\_\_ (when available)

Received by: \_\_\_\_\_

Date: \_\_\_\_\_

