
Completion Guidelines for Kidney, Cardiothoracic and Liver HTA-A forms

Hyperlinks:

1. [Kidney Donor Information](#) (Page 2)
2. [Liver Donor Information](#) (Page 7)
3. [Cardiothoracic Donor Information](#) (Page 12)

Kidney Donor Information (HTA-A)

The SNOD must always retain the top copy. This allows NHSBT to scan the best quality form.

It is vital that forms are fully completed legibly and accurately. All forms must be completed and returned to the Specialist Nurse. Please see below for advice on completion of the different sections of the form. If any assistance or further clarification is needed, please contact ODT Hub Information Services.

All date formats are in DDMMYYYY.

HTA Form A Number

- This number is unique to every form and pre-printed.

NHSBT-ODT Donor ID *(mandatory field)*

- This number must be provided by the SNOD.

SECTION 1 – Kidney Donor Information

- This section is prefilled by the SNOD.
- All fields are mandatory.

Donor surname *(mandatory field)*

- Enter name in block capital letters.

Donor forenames *(mandatory field)*

- Enter name in block capital letters.

Donor date of birth *(mandatory field)*

- Enter donor DOB.

Donor blood group *(mandatory field)*

- Enter A, B, AB or O
- Enter N for negative rhesus.
- Enter P for positive rhesus.

Donor hospital *(mandatory field)*

- Full name of the hospital must be completed, not simply the name of the town or city.

Retrieval centre *(mandatory field)*

- Enter name of the retrieving (NORS) team.

Date/time donor surgery commenced *(mandatory field)*

- Date and time must be provided.

Donor type *(mandatory field)*

- Enter 1 for Deceased donor after brain death.
- Enter 2 for Deceased donor after circulatory death.
- Enter 12 for Paired/pooled living donor.
- Enter 13 for Altruistic, non-directed donor.

The NORS team are responsible for completing section 2 onwards

SECTION 2 – Kidney Donor Information

Where date/time is captured for left and right kidney separately, the date entered should correspond to the earliest date/time.

Was a biopsy taken

- Enter code for both left and right kidneys.
 - Enter 1 for No
 - Enter 2 for Yes
 - If yes, provide short reason

Technique used

- Enter code for both left and right kidneys.
 - Enter 1 for Needle
 - Enter 2 for Wedge
 - Enter 3 for Punch

Location of biopsy

- Enter code for both left and right kidneys.
 - Enter 1 for Upper pole
 - Enter 2 for Other

Was site packed and sutured

- Enter code for both left and right kidneys.
 - Enter 1 for No
 - Enter 2 for Yes

Time ventilation ceased

- Enter date and time where appropriate.

Time of circulatory arrest

- Enter date and time where appropriate.

Date/time in situ cold perfusion commenced

- Enter date and time.

In situ cold perfusion fluid (*mandatory field*)

- Enter the code for the relevant perfusion fluids.
 - 10 - EuroCollins
 - 20 - University of Wisconsin (UW solution), eg ViaSpan
 - 30 - Hyperosmolar citrate (HOC or Marshall's Solution), eg Soltran
 - 40 - Phosphate buffered sucrose (PBS)
 - 80 - Celsior
 - 90 - Histidine-Tryptophan-Ketoglutarate (HTK or Bretschneider's Solution)
 - 95 - Other
 - 99 - Unknown

Quality of in situ cold perfusion fluid (*mandatory field*)

- Enter code for quality.
 - 1 for good
 - 2 for fair
 - 3 for poor
 - 4 for patchy
 - 9 for unknown

Did donor undergo normothermic regional perfusion (NRP)

- Enter 1 for No
- Enter 2 for Yes (A-NRP)
- Enter 3 for Yes (TA-NRP)

Was any blood from a blood bank used?

- Enter 1 for No
- Enter 2 for Yes

Date/time NRP commenced

- Enter date and time where appropriate.

Date/time NRP stopped

- Enter date and time where appropriate.

Date/time nephrectomy

- Date and time must be provided.
- Enter the time for **both** kidneys.

Kidney(s) machine perfused after removed from donor (*mandatory field*)

- Enter code for both left and right kidneys.
 - 1 for No
 - 3 for Yes – normothermic
 - 4 for Yes – hypothermic O²
 - 5 for Yes – hypothermic non-O²

If normothermic, machine perfusion fluid type

- Enter code for both left and right kidneys.
 - Enter 1 for Donor blood
 - Enter 2 for Banked blood
 - Enter 3 for Other

Date/time machine perfusion commenced

- Enter date and time if appropriate.
- Enter the time for **both** kidneys.

Date/time machine perfusion stopped

- Enter date and time if appropriate.
- Enter the time for **both** kidneys.

Did machine perfusion stop prior to dispatch?

- Enter code for both left and right kidneys.
 - 1 for No
 - 2 for Yes

Date/time kidneys placed into transport box

- Enter date and time if appropriate.
- Enter the time for **both** kidneys.

Perfusion fluid (*mandatory field*)

- Code must be provided.
- Enter the code for the relevant perfusion fluids.
 - 10 - EuroCollins
 - 20 - University of Wisconsin (UW solution), eg ViaSpan
 - 30 - Hyperosmolar citrate (HOC or Marshall's Solution), eg Soltran

- 40 - Phosphate buffered sucrose (PBS)
- 80 - Celsior
- 90 - Histidine-Tryptophan-Ketoglutarate (HTK or Bretschneider's Solution)
- 95 - Other
- 99 - Unknown

Batch numbers *(mandatory field)*

- Batch numbers must be provided.

DIN number(s)

- Must be provided if appropriate.

SECTION 3 – Anatomical Details *(if applicable)*

Numbers must be provided if applicable for:

- Arteries
- Arterial patches
- Arteries on patch
- Veins
- Ureters

Branches tied

- Enter 1 for No
- Enter 2 for Yes

Comment box

- Handwriting must be legible

SECTION 4 – Kidney Damage *(if applicable)*

- Enter 1 for No
- Enter 2 for Yes
 - If Yes, description must be provided in the 'Other damage during retrieval' comments.
 - Do not record if organs are damaged for any other reason than surgical damage.
 - Use Left or Right text box as appropriate.
 - Handwriting must be legible.
- Enter 9 for Unknown

Other damage during retrieval

- Handwriting in text box must be legible.
- Do not record if organs are damaged for any other reason than surgical damage.

General comments about the donor or any findings at retrieval

- Handwriting must be clear and legible.
- **IMPORTANT:** All biopsies taken for histopathology assessment or research purposes must be documented here.

SECTION 5 – State which organs were retrieved *(mandatory field)*

- Left kidney, right kidney, pancreas, small bowel, heart for tissue.
 - Enter 1 for No *(not retrieved)*
 - Enter 2 for Yes *(retrieved)*
- Heart for tissue

-
- Do not enter Yes if heart for tissue is taken by another NORS retrieval team.
 - Only enter Yes if your team retrieved the heart for tissue.
 - If your team did not retrieve the heart for valves, enter 1 for No.
 - Other Organs **you** retrieved
 - Only provide details for organs **your team** retrieved.
 - Handwriting must be legible.

SECTION 6 – Crossmatch material *(if applicable)*

- Enter 1 for No
- Enter 2 for Yes
- Enter 9 for Unknown

Retrieving Surgeon Details

- Enter full name of the person completing the operation
- Enter name of establishment where appointment held
 - Full name of the hospital must be completed, not simply the name of the town or city.
- Enter position held
- Provide surgeon signature OR signature of the person signing on behalf of the surgeon
- A signature must be provided – this is a legal document.

Liver Donor Information (HTA-A)

The SNOD must always retain the top copy. This allows NHSBT to scan the best quality form.

It is vital that forms are fully completed legibly and accurately. All forms must be completed and returned to the Specialist Nurse. Please see below for advice on completion of the different sections of the form. If any assistance or further clarification is needed, please contact ODT Hub Information Services.

HTA Form A Number

- This number is unique to every form and pre-printed.

NHSBT-ODT Donor ID *(mandatory field)*

- This number must be provided by the SNOD.

SECTION 1 – Liver Donor Information

- This section is prefilled by the SNOD.
- All fields are mandatory.

Donor surname *(mandatory field)*

- Enter name in block capital letters.

Donor forenames *(mandatory field)*

- Enter name in block capital letters.

Donor date of birth *(mandatory field)*

- Enter donor DOB – DD/MM/YYYY

Donor blood group *(mandatory field)*

- Enter A, B, AB or O
- Enter N for negative rhesus
- Enter P for positive rhesus

Donor hospital *(mandatory field)*

- Full name of the hospital must be completed, not simply the name of the town or city.

Retrieval centre *(mandatory field)*

- Enter name of the retrieving (NORS) team.

Donor type *(mandatory field)*

- Enter 1 for Deceased donor after brain death
- Enter 2 for Deceased donor after circulatory death
- Enter 5 for Living related donor
- Enter 6 for Living unrelated donor
- Enter 7 for Domino donor
- Enter 9 for Unknown

HTA reference number T _ _ _ (if applicable)

- Enter 4-digit code if the donor is live related or a domino.
- This field can be left blank, if the donor is not live related / domino.

Independent Assessor ID (if applicable)

- Enter name or ID if the donor is live related or a domino.

- This field can be left blank, if the donor is not live related / domino.

Date/time of retrieval

- Enter date and time

Ventilation ceased

- Enter date and time

Circulatory arrest

- Enter date and time

Perfusion commenced

- Enter date and time

Time of hepatectomy

- Enter date and time

Perfusion table

Enter appropriate fluid type, volume and quality information for:

- In situ
 - Portal vein
 - Aorta
- Benchwork
 - Hepatic artery
 - Bile duct
 - Portal vein

Enter the code for the relevant perfusion fluids:

- Enter 10 for EuroCollins
- Enter 20 for University of Wisconsin (UW solution), eg ViaSpan
- Enter 30 for Hyperosmolar citrate (HOC or Marshall's Solution), eg Soltran
- Enter 40 for Phosphate buffered sucrose (PBS)
- Enter 80 for Celsior
- Enter 90 for Histidine-Tryptophan-Ketoglutarate (HTK or Bretschneider's Solution)
- Enter 98 for Other
- Enter 99 for Unknown

Enter volume in litres.

Enter quality code:

- 1 for good
- 2 for fair
- 3 for poor
- 4 for patchy

Prepared for implantation

- Enter 1 for No
- Enter 2 for Yes

Transport fluid

- Enter 10 for EuroCollins
- Enter 20 for University of Wisconsin (UW solution), eg ViaSpan
- Enter 30 for Hyperosmolar citrate (HOC or Marshall's Solution), eg Soltran

Controlled if copy number stated on document and issued by QA

(Template Version 03/02/2020)

- Enter 40 for Phosphate buffered sucrose (PBS)
- Enter 80 for Celsior
- Enter 90 for Histidine-Tryptophan-Ketoglutarate (HTK or Bretschneider's Solution)
- Enter 98 for Other
- Enter 99 for Unknown

SECTION 2 – Liver Donor Information *(if applicable)*

Was a biopsy taken

- Enter 1 for No
- Enter 2 for Yes
 - If yes, provide short reason

Technique used

- Enter 1 for Needle
- Enter 2 for Wedge
- Enter 3 for Punch

Location of biopsy

- Enter 1 for left lobe
- Enter 2 for right lobe

Was site packed and sutured

- Enter 1 for No
- Enter 2 for Yes

Did donor undergo normothermic regional perfusion (NRP)

- Enter 1 for No
- Enter 2 for Yes (A-NRP)
- Enter 3 for Yes (TA-NRP)

Was any blood from a blood bank used?

- Enter 1 for No
- Enter 2 for Yes

Date/time NRP commenced

- Enter date and time where appropriate.

Date/time NRP stopped

- Enter date and time where appropriate.

Liver machine perfused after removed from donor *(mandatory field)*

- Enter code for both left and right kidneys.
 - 1 for No
 - 3 for Yes – normothermic
 - 4 for Yes – hypothermic O²
 - 5 for Yes – hypothermic non-O²

If normothermic, machine perfusion fluid type

- Enter 1 for Donor blood
- Enter 2 for Banked blood
- Enter 3 for Other

Date/time machine perfusion commenced

- Enter date and time if appropriate.

Date/time machine perfusion stopped

- Enter date and time if appropriate.

Did machine perfusion stop prior to dispatch?

- 1 for No
- 2 for Yes

Date/time liver on ice

- Enter date and time if appropriate.

Perfusion fluid (*mandatory field*)

- Code must be provided.
- Enter the code for the relevant perfusion fluids.
 - 10 - EuroCollins
 - 20 - University of Wisconsin (UW solution), eg ViaSpan
 - 30 - Hyperosmolar citrate (HOC or Marshall's Solution), eg Soltran
 - 40 - Phosphate buffered sucrose (PBS)
 - 80 - Celsior
 - 90 - Histidine-Tryptophan-Ketoglutarate (HTK or Bretschneider's Solution)
 - 98 - Other
 - 99 - Unknown

Batch numbers (*mandatory field*)

- Batch numbers must be provided.

DIN number(s)

- Must be provided if appropriate.

SECTION 3 – Anatomical Appearance (*if applicable*)

- Complete as appropriate.
- Enter 1 for No
- Enter 2 for Yes
- Handwriting in Other text box must be legible.

Time into liver transport box

- Enter time in 24-hour format

SECTION 4 – Anatomical Details (*if applicable*)

- Complete as appropriate.
- Enter 1 for No
- Enter 2 for Yes

SECTION 5 – Comments and additional organs (*if applicable*)

- Complete as appropriate.

Liver appearance

1. Enter 1 for Healthy
2. Enter 2 for Suboptimal

Steatosis

1. Enter 1 for No
2. Enter 2 for Yes
 - If yes, enter 1 for mild, 2 for moderate, 3 for severe

Capsular damage

1. Enter 1 for No
2. Enter 2 for Yes

Other damage

- Handwriting in text box must be legible.
- Do not record if organs are damaged for any other reason than surgical damage.

General comments about the donor or any findings at retrieval

- Handwriting must be clear and legible
- **IMPORTANT:** All biopsies taken for histopathology assessment or research purposes must be documented here.

SECTION 6 – State which organ you retrieved (*mandatory field*)

Additional organs en bloc and Other (*free text box*)

- Handwriting must be legible.
- Any organs taken en bloc must be reported. If organs are separated on Back Bench and returned to the body this should be noted on the form.

Organs retrieved

- Enter 1 for No
- Enter 2 for Yes
- Organs taken en bloc
 - Organs taken en bloc that leave theatre even if only partial organs removed i.e. pancreas head, half of pancreas should be recorded as 2- retrieved as the whole organ on the HTA A form.
- Heart for tissue:
 - Do not enter Yes if heart for tissue is taken by another NORS retrieval team.
 - Only enter Yes if your team retrieved the heart for tissue.
 - If your team did not retrieve the heart for tissue, enter 1 for No
- Handwriting in 'Other' text box must be legible.

Retrieving Surgeon Details

- Enter full name of the person completing the operation
- Enter name of establishment where appointment held
 - Full name of the hospital must be completed, not simply the name of the town or city.
- Enter position held
- Provide surgeon signature OR signature of the person signing on behalf of the surgeon
- A signature must be provided – this is a legal document.

Cardiothoracic Donor Information (HTA-A)

The SNOD must always retain the top copy. This allows NHSBT to scan the best quality form.

It is vital that forms are fully completed legibly and accurately. All forms must be completed and returned to the Specialist Nurse. Please see below for advice on completion of the different sections of the form. If any assistance or further clarification is needed, please contact ODT Hub Information Services.

HTA Form A Number

- This number is unique to every form and pre-printed

NHSBT-ODT Donor ID *(mandatory field)*

- This number must be provided by the SNOD

SECTION 1 – Cardiothoracic Donor Information

- This section is prefilled by the SNOD.
- All fields are mandatory.

Donor surname *(mandatory field)*

- Enter name in block capital letters.

Donor forenames *(mandatory field)*

- Enter name in block capital letters.

Donor date of birth *(mandatory field)*

- Enter donor DOB.

Blood group *(mandatory field)*

- Enter A, B, AB or O
- Enter N for negative rhesus
- Enter P for positive rhesus

Donor type *(mandatory field)*

- Enter 1 for Deceased donor after brain death.
- Enter 2 for Deceased donor after circulatory death.
- Enter 7 for Domino donor.

Donor hospital *(mandatory field)*

- Full name of the hospital must be completed, not simply the name of the town or city.

Retrieval team *(mandatory field)*

- Enter name of the retrieving (NORS) team.

Date/time donor surgery commenced *(mandatory field)*

- Date and time must be provided.

SECTION 2 – Donation details *(If donor after circulatory death)*

Donor code

Controlled: cardiac arrest is expected/anticipated

- Enter 11 for After withdrawal of treatment in a patient not certified dead by brain stem tests.
- Enter 12 for After withdrawal of treatment in a cadaver certified dead by brain stem tests.

Uncontrolled: cardiac arrest is unexpected/unanticipated

- Enter 13 for Patient dead on arrival at hospital.
- Enter 14 for Unsuccessful resuscitation in Accident and Emergency.
- Enter 15 for Unexpected cardiac arrest in a patient being treated in ICU.

Mechanical external cardiac massage used?

- Enter 1 for No
- Enter 2 for Yes

If CONTROLLED donor after circulatory death

Treatment withdrawn

- Enter date and time

Cardiac arrest

- Enter date and time

Certification of death

- Enter date and time

If UNCONTROLLED donor after circulatory death

Cardiac arrest

- Enter date and time

Resuscitation commenced

- Enter date and time

Resuscitation ceased

- Enter date and time

Certification of death

- Enter date and time

SECTION 2 – Donation details continued *(If donor after brain death)*

Date/time of circulatory arrest

- Enter the appropriate date and time.

Heparin dose

- Enter the appropriate values in international units.

Date/time heparin administered

- Enter the appropriate date and time.

By-pass

- Enter 1 if Not used
- Enter 2 if Used
 - If used, please state date and time onto by-pass and off by-pass.

Controlled if copy number stated on document and issued by QA

(Template Version 03/02/2020)

Date/time aorta cross-clamped

- Enter the appropriate date and time.

Date/time perfusion commenced

- Enter the appropriate date and time.

Date/time perfusion completed

- Enter the appropriate date and time.

Heart/Lungs

- Enter the code for the relevant perfusion fluids:
 - 10 - EuroCollins
 - 20 - University of Wisconsin (UW solution), eg Viaspan
 - 30 - Hyperosmolar citrate (HOC or Marshall's Solution), eg Soltran
 - 40 - Phosphate buffered sucrose (PBS)
 - 50 - St Thomas'
 - 60 - Papworth solution
 - 70 - Low potassium dextran eg Perfadex
 - 80 - Celsior
 - 90 - Histidine-Tryptophan-Ketoglutarate (HTK or Bretschneider's Solution), eg Custodiol
 - 98 - Other
 - 99 - Unknown
 - 77 - Not perfused/not applicable
- Enter volume in ml
- Enter the perfusion method code:
 - 1 - Pulmonary artery flush
 - 2 - Core-cooling
 - 3 - Immersion
 - 4 - Cardioplegia
 - 5 - Other
 - 9 - Unknown
 - 7 - Not perfused/not applicable

Antegrade pulmonary artery flush perfusion

- Enter 1 if Not used
- Enter 2 if Used
- Enter volume in ml

Retrograde pulmonary venous flush perfusion

- Enter 1 if Not used
- Enter 2 if Used
- Enter volume in ml

Was a biopsy taken

- Enter code for heart, left lung and right lung.
 - Enter 1 for No
 - Enter 2 for Yes
 - If yes, provide short reason

Technique used

- Enter code for heart, left lung and right lung
 - Enter 1 for Needle
 - Enter 2 for Wedge
 - Enter 3 for Punch

Was site packed and sutured

- Enter code for both left and right kidneys.
 - Enter 1 for No
 - Enter 2 for Yes

Did donor undergo normothermic regional perfusion (NRP)

- Enter 1 for No
- Enter 2 for Yes (A-NRP)
- Enter 3 for Yes (TA-NRP)

Was any blood from a blood bank used?

- Enter 1 for No
- Enter 2 for Yes

Date/time NRP commenced

- Enter date and time where appropriate.

Date/time NRP stopped

- Enter date and time where appropriate.

Heart machine perfused after removed from donor (*mandatory field*)

- Enter code:
 - 1 for No
 - 3 for Yes – normothermic
 - 4 for Yes – hypothermic O²
 - 5 for Yes – hypothermic non-O²

If normothermic, machine perfusion fluid type

- Enter 1 for Donor blood
- Enter 2 for Banked blood
- Enter 3 for Other

Date/time machine perfusion commenced

- Enter date and time where appropriate.

Date/time machine perfusion stopped

- Enter date and time where appropriate.

Did machine perfusion stop prior to dispatch?

- Enter 1 for No
- Enter 2 for Yes

Lung(s) machine perfused after removed from donor (*mandatory field*)

- Enter code for left and right lung
 - 1 for No
 - 3 for Yes – normothermic
 - 4 for Yes – hypothermic O²
 - 5 for Yes – hypothermic non-O²

If normothermic, machine perfusion fluid type

- Enter 1 for Donor blood
- Enter 2 for Banked blood
- Enter 3 for Other

Date/time machine perfusion commenced

- Enter date and time where appropriate.
- Enter time for both left and right lung.

Date/time machine perfusion stopped

- Enter date and time where appropriate.
- Enter time for both left and right lung.

Did machine perfusion stop prior to dispatch?

- Enter 1 for No
- Enter 2 for Yes
- Enter for both left and right lung

Date/time cardiothoracic organ removal commenced

- Enter the appropriate date and time.

Date/time heart/lung block placed on ice in transport box

- If applicable, enter the appropriate date and time.

Date/time heart placed on ice in transport box

- If applicable, enter the appropriate date and time.

Date/time lung pair placed on ice in transport box

- If applicable, enter the appropriate date and time.

Date/time left lung placed on ice in transport box

- If applicable, enter the appropriate date and time.

Date/time right lung placed on ice in transport box

- If applicable, enter the appropriate date and time.

Perfusion fluid (*mandatory field*)

- Code must be provided.
- Enter the code for the relevant perfusion fluids.
 - 10 - EuroCollins
 - 20 - University of Wisconsin (UW solution), eg ViaSpan
 - 30 - Hyperosmolar citrate (HOC or Marshall's Solution), eg Soltran
 - 40 - Phosphate buffered sucrose (PBS)
 - 50 - St Thomas'
 - 60 - Papworth solution
 - 70 - Low potassium dextran eg Perfadex
 - 80 - Celsior
 - 90 - Histidine-Tryptophan-Ketoglutarate (HTK or Bretschneider's Solution)
 - 98 - Other
 - 99 – Unknown
 - 77 - Not perfused/not applicable

Batch numbers (*mandatory field*)

- Batch numbers must be provided.

DIN number(s)

- Must be provided if appropriate.

SECTION 3 – Haemodynamics

CARDIAC OUTPUT STUDIES

Date/time of measurement

- Enter the appropriate date, time and values.
- These values are electronically validated and must fall within acceptable ranges.

PRE-RETRIEVAL HAEMODYNAMICS

Systemic blood pressure

Central venous pressure

Pulmonary artery pressure

- These values are electronically validated and must fall within acceptable ranges.

SECTION 4 – Thoracic donor information

Bronchoscopy

- Enter 1 if No
- Enter 2 if Yes
 - If yes, description must be provided in the free text box, handwriting must be legible.

Arterial blood gases at retrieval

- Enter the appropriate date, time and values.
- These values are electronically validated and must fall within acceptable ranges.

Pulmonary vein PO₂ at retrieval at FiO₂ (1.0) and PEEP 5cm H₂O

- Enter values in KPa or mmHg

SECTION 5 – Retrieving surgeon details (Mandatory field)

Organs retrieved - Heart, left lung, right lung, heart for valves

- Enter 1 if Not retrieved
- Enter 2 if Retrieved
- Heart for valves:
 - Do not enter Yes if heart for valves is taken by another NORS retrieval team
 - Only enter Yes if your team retrieved the heart for valves
 - If your team did not retrieve the heart for valves, enter 1 for No
- If other organs/tissue were retrieved then write details, handwriting must be legible.

Also in transport box

- Lymph node, Spleen
 - Enter 1 if No
 - Enter 2 if Yes
 - Specify in which transplant boxes the lymph node and spleen samples were placed if applicable.

SECTION 6 – Organ damage (if applicable)

Specify any organ damage during retrieval

- Handwriting must be clear and legible.
- Do not record if organs are damaged for any other reason than surgical damage.

SECTION 7 – General comments *(if applicable)*

Complete any general comments about this donor if deemed relevant

- Handwriting must be clear and legible
- **IMPORTANT:** All biopsies taken for histopathology assessment or research purposes must be documented here.

Retrieving Surgeon Details

- Enter full name of the person completing the operation
- Enter name of establishment where appointment held
 - Full name of the hospital must be completed, not simply the name of the town or city.
- Enter position held
- Provide surgeon signature OR signature of the person signing on behalf of the surgeon
- A signature must be provided – this is a legal document.