

PRIVATE	SERVICE
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**Checklist of Documentary Requirements for Deceased Donor Waiting List  
(Control No. 2022-\_\_\_\_\_)**

Name of Person Submitting: \_\_\_\_\_ Contact No. 8981-0300 local 4413  
Address: HOPE Office, 4<sup>th</sup> Floor Diagnostic Building, NKTl, East Ave., Quezon City

<p><b>Name of the Recipient</b></p> <p>_____</p> <p>Age/ Sex/ Civil Status _____</p> <p>Contact No. _____</p> <p>Address _____</p> <p>Name of Doctor: _____</p> <p>Blood Type: _____</p>	<div style="border: 1px solid black; width: 150px; height: 150px; margin: 0 auto;"> <p>2 X 2 LATEST ID PICTURE</p> </div>
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**(KINDLY SUBMIT 1 SET PHOTOCOPY OF ALL REQUIREMENTS BELOW)**

<b>1. Referral Letter from the Attending Physician</b> (pay patients) <b>or Social Worker</b> (service patients)	
<b>2. Medical Abstract of the Patient</b>	
<b>3. Photocopy of at least 2 valid IDs</b> (NBI Clearance, National ID, Passport, UMID, PWD ID, SSS ID, Postal ID, Driver's License, PRC ID, Police Clearance)	
<b>4. Blood Typing result</b> (done at NKTl lab)	
<b>5. Tissue Typing result</b>	
<b>6. PRA Screening result</b> *within 6 months result	
<b>If PRA positive screening result or if not a first transplant; result of PRA single bead antigen or PRA Specific test</b> *within 6 months result	
<b>7. HBsAg result</b> *within 6 months result	
<b>8. Anti-HCV result</b> *within 6 months result	
<b>9. HIV result</b> *within 6 months result	
<b>10. CMV IgG result</b>	
<b>11. Whole Abdomen ultrasound</b> *within 1 year result	
<b>12. e-GFR test</b> (if for pre-emptive transplant) *within 6 months result	
<b>13. Cardio Clearance</b> *within 6 months result	
<b>14. Dental Clearance (Optional)</b> *within 6 months result	
<b>15. If female, OB Clearance</b> *within 6 months result	
<b>16. Pre-Transplant Orientation (PTO) Certificate</b>	
<b>17. Enrollment Fee</b> (Php 2,000 for pay; Php900 for service)	
<b>18. Tissue Crossmatch Deposit Fee</b> (Php 10, 150) *actual price may vary	
<b>19. Blood Serum Storage Fee</b> (Php 120) *actual price may vary	
<b>20. Registration Form</b> (to be provided and signed in HOPE office)	

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<b>NO.</b>	<b>PROCESS FLOW</b>	<b>ASSIGNED PERSON</b>	<b>TIME INTERVAL</b>	<b>DATE ACCOMPLISHED</b>
<b>START</b>				
<b>STEP 1</b>	PRESENT REFERRAL LETTER TO HOPE	PATIENT	5 MINS	
<b>STEP 2</b>	REGISTER IN HOPE E-LOGBOOK	PATIENT	10 MINS	
<b>STEP 3</b>	EXPLAIN AND PROVIDE CHECKLIST OF REQUIREMENTS	HOPE STAFF	10-20 MINS	
<b>STEP 4</b>	COMPLY WITH THE DOCUMENTARY AND LABORATORY REQUIREMENTS	PATIENT	VARIABLE	
COMPLETE REQUIREMENTS RECEIVED IN HOPE OFFICE BY HOPE STAFF				
<b>STEP 5</b>	FILL OUT REGISTRATION FORM	PATIENT / HOPE STAFF	30 MINS	
<b>STEP 6</b>	PAY ADMINISTRATIVE AND LABORATORY CHARGES	PATIENT	30 MINS	
OFFICIALLY ENLISTED IN HOPE WAITING LIST				
<b>STEP 7</b>	SUBMISSION OF DOCUMENTS TO DOH-PHILNOS FOR INCLUSION IN THE NATIONAL WAITING LIST	CHIEF TRANSPLANT COORDINATOR	WITHIN 24 HOURS AFTER OFFICIAL ENLISTMENT IN HOPE	
<b>STEP 8</b>	WAIT TO BE CALLED (HOPE TC TO PROVIDE BROCHURE: TIPS PARA SA NAGHIHINTAY)	PATIENT/ HOPE STAFF	VARIABLE	
<b>END</b>				

**IMPORTANT NOTE: HOPE WILL NOT ACCEPT AND PROCESS INCOMPLETE DOCUMENTS  
FOR INQUIRIES, KINDLY CALL HOPE OFFICE AT 8924-4673 OR 0926-053-5000  
FROM MONDAY TO FRIDAY (8AM-5PM) ONLY**