**FORM 1:**

**STUDENT TRANSPLANT PAYMENT**

**VALIDATION FORM**

Instructions to student: Please complete your details on this form and then obtain a signature from one of the transplant team (preferably a surgeon) as evidence of your presence at a callout. Please then submit this form with your payment claim to the transplant folder in the Clinical School—ask the receptionist at the front desk for the folder. Alternatively you can scan and email this form to [cutransplantrota@gmail.com](mailto:cutransplantrota@gmail.com).

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| --- | --- | --- | --- |
| Student name: |  | Email: |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Date | Type of callout  (delete as applicable) | Organ, donor hospital and donor number. | Transplant team signature | Name of signatory | Contact bleep or email  (in case of queries) |
|  | retrieval  implant  no operation |  |  |  |  |

Please direct any queries to the student transplant rota co-ordinator, Greta Geller (cutransplantrota@gmail.com).