

UNOS Wait Time Transfer Form

Patient Name _____ Organ Type **Kidney**

Address _____

Telephone _____

Date of Birth _____

Social Security Number _____

I wish to transfer my accumulated waiting time from :

Name / UNOS code of Transplant Center _____

To my new listing at:

Name / UNOS code of Transplant Center University of California San Francisco CASF _____

Additionally, I : (must check one)

wish to be removed from the transplant candidate list at _____
and wish to be listed as a transplant candidate ONLY at _____

do NOT wish to be removed from the transplant candidate list at _____
I wish to continue to be listed at both Transplant Centers.

I understand that this "Wait Time Transfer" information will be shared with the two
Transplant Centers involved as documentation of my wish to transfer my wait time.

Patient Signature _____

Date _____

Transplant Coordinator or Physician Signature _____

Date _____

FAX to 415 353 1939