END STAGE RENAL DISEASE MEDICAL INFORMATION SYSTEM ESRD FACILITY SURVEY (TRANSPLANT CENTERS ONLY)

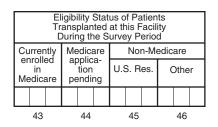
FOR THE PERIOD

## **KIDNEY TRANSPLANTS PERFORMED**

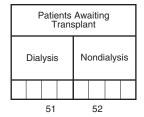
## PATIENTS TRANSPLANTED AND DONOR TYPE

## TO BE COMPLETED BY KIDNEY TRANSPLANT CENTERS ONLY





Transplant Procedures Performed at This Facility											
Living Related Donor		Living Unrelated Donor			Deceased Donor			Total Fields 47 thru 49			
47			48			49			50		



**REMARKS/COMMENTS** 

COMPLETED BY (Name)

DATE

TITLE

TELEPHONE NO.