

## SCHEDULE 1

Regulation 4

### REMOVAL OF TRANSPLANTABLE MATERIAL

#### *Information about removal*

1. Name and address of the hospital or other place at which the transplantable material was removed from the donor.
2. Full name of registered medical practitioner or person who removed the transplantable material, the appointment he holds and the place at which he holds it.
3. In any case where the transplantable material is considered unsuitable for transplanting after removal, a statement of—
  - (a) the reason for the unsuitability, and
  - (b) the manner of disposal of the material.

#### *Information about transplantable material and donor*

4. Description of the transplantable material.
5. Whether the donor was living or deceased at the time of its removal.
6. Date and time of its removal.
7. Full name of the donor and, where applicable, his hospital case note number.

## SCHEDULE 2

Regulation 5

### RECEIPT OF TRANSPLANTABLE MATERIAL

#### *Information about receipt*

1. Name and address of the hospital or other place at which the transplantable material was received.
2. Full name of registered medical practitioner who proposes to carry out the transplant (or who has carried it out), the appointment he holds and the place at which he holds it.
3. In any case where the transplantable material is not transplanted to another person, a statement of—
  - (a) the reason why not, and
  - (b) the manner of disposal of the material.

#### *Information about transplantable material*

4. Description of the transplantable material.
5. Name and address of the hospital or other place at which the transplantable material was removed from the donor.
6. If the transplantable material was removed outside the United Kingdom—
  - (a) the name of the country in which the material was removed, and

*Status: This is the original version (as it was originally made).*

- (b) the reference number allocated to the material by NHS Blood and Transplant when arrangements were made to import it.

*Information about transplant and recipient*

- 7. Full name of the recipient.
- 8. Date and time that the transplant was carried out.
- 9. In any case where the donor is genetically related to the recipient, a description of the relationship.
- 10. If the transplant was carried out in—
  - (a) a health service hospital (within the meaning of the National Health Service Act 1977<sup>(1)</sup>), or
  - (b) a hospital vested in the Department of Health, Social Services and Public Safety or managed by a Health and Social Services Trust <sup>(2)</sup>,

a statement indicating (if that is the case) that—

- (a) the recipient was entitled to the provision of the treatment by virtue of regulations made by the Council of the European Communities under Article 42 of the Treaty establishing the European Community<sup>(3)</sup>, or
- (b) the recipient was a national of another country who was entitled to be provided with the treatment by virtue of an agreement entered into between the European Community and that other country, or
- (c) the treatment of the recipient was provided under an arrangement for providing health care mutually agreed between the Government of the United Kingdom and the Government of a country or territory specified in Schedule 2 to the National Health Service (Charges to Overseas Visitors) Regulations 1989<sup>(4)</sup> or specified in Schedule 2 to the Provision of Health Services to Persons Not Ordinarily Resident Regulations 2005<sup>(5)</sup>.

---

(1) 1977 c. 49.

(2) See the Health and Personal Social Services (Northern Ireland Order) 1991 (S.I.1991/194 (N.I. 1)).

(3) The reference to the Treaty is to it as renumbered in accordance with the Treaty of Amsterdam (Cmnd. 3780).

(4) S.I. 1989/306. Schedule 2 was amended by S.I. 1991/438, 1994/1535 and 2000/602.

(5) S.R 2005/551.