



# Supporting Living Organ Donors Program Work-up Testing Appointment Tracker

May 2024

Donor name

Date	Appointment Details	Appointment Location	Hours	Paid Leave taken	Out-of-pocket expense incurred
				Yes/No	Yes/No
				Yes/No	Yes/No
				Yes/No	Yes/No
				Yes/No	Yes/No
				Yes/No	Yes/No
				Yes/No	Yes/No
				Yes/No	Yes/No
				Yes/No	Yes/No
				Yes/No	Yes/No
				Yes/No	Yes/No
				Yes/No	Yes/No
				Yes/No	Yes/No
				Yes/No	Yes/No
				Yes/No	Yes/No
				Yes/No	Yes/No
				Yes/No	Yes/No
				Yes/No	Yes/No
				Yes/No	Yes/No
				Yes/No	Yes/No
				Yes/No	Yes/No
				Yes/No	Yes/No
				Yes/No	Yes/No

***\*If seeking reimbursement for leave and/or out-of-pocket expenses, appropriate evidence must be provided with your claim.***

This tracker is for the purpose of claiming under the Supporting Living Organ Donors Program only (where you do not have a medical certificate). It should not be used for other purposes where a medical certificate is required e.g. as evidence for your employer.

**Medical professional declaration**

I declare that:

- the donor attended the appointments as listed above for the purpose of living organ donation, and
- the information provided in this form is complete and correct.

I understand that:

- giving false or misleading information is a serious offence.

<b>Name</b>	
<b>Position/Organisation</b>	
<b>Signature</b>	
<b>Date</b>	

This tracker is for the purpose of claiming under the Supporting Living Organ Donors Program only (where you do not have a medical certificate). It should not be used for other purposes where a medical certificate is required e.g. as evidence for your employer.