別紙６

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| 心臓移植症例申立書 | | | | | | | | |
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|  | | | | | | | | |
| １　心臓移植症例数等 | | | | | | | | |
|  | | | | | | | | |
| (１) 心臓移植臨床従事期間　　自 年　　　月 | | | | |  | | | |
|  | | | | | （ 計　　　年　　　か月 ） | | | |
| 至 年　　　月 | | | | |  | | | |
|  | | | | | | | | |
| (２) 心臓移植症例数 | | 件 | | | | | | |
|  | | | | | | | | |
| ２　心臓移植症例（心臓移植関連学会協議会・施設認定審議会の施設認定基準における心臓移植に | | | | | | | | |
| ついて、直近のものを記載してください。） | | | | | | | | |
|  | | | | | | | | |
|  | 移植実施施設の名称 | |  | | | | |  |
|  |  |
|  | 初診日 | | 年　　月　　日 | | | | |  |
|  |  |
|  | 初診時年齢 | | 歳 | | | | |  |
|  |  |
|  | 診断 | |  | | |  | |  |
|  |  | | |  | |  |
|  | 治療方針 | |  | | |  | |  |
|  |  | | |  | |  |
|  | 治療経過 | |  | | |  | |  |
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| 上記に相違ありません。 | | | | | | | | |
|  | | | |  | | | | |
|  | | | | 年　　　月　　　日 | | | | |
|  | | | |  | | | | |
|  | | | | 医療機関名 | | | | |
|  | | | |  | | | | |
|  | | | | 医師名 | | |  | |