**Section 2800.APPENDIX A Verification of Organ Transplantation Diagnosis and Legal Domicile**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| I hereby attest that to the best of my knowledge and as documented in the Patient's | | | | | | | | | | | | | | | | |
| medical records | | |  | | | | | | | was medically diagnosed as requiring an organ | | | | | | |
|  | | | (patient name) | | | | | | |  | | | | | | |
| transplantation on | | | |  | | | | | | | | | | that said Patient was a resident of the State of | | |
|  | | | | (date of diagnosis) | | | | | | | | | |  | | |
| Illinois on the date of diagnosis, living at a fixed address and with an intent to continuously reside in the State of Illinois; and that said Patient continues to reside in the State of Illinois at a fixed address and with the intent to remain a resident of the State of Illinois. | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | |  | |
| (Signature of Representative from  Applicant Institution) | | | | | | | | | | | | | | | | |
| Subscribed and Sworn to before me | | | | | | | | | | | | | | | | |
| this |  | day of | | |  | | , 19 |  | | | . | | | | | |
|  | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | |  | | | |
| (Signature of Notary Public) | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | |
| My Commission expires | | | | | |  | | | , 19 | | |  | | | | . |
|  | | | | | | | | | | | | | | | | |
| \*Also include other pertinent documentation verifying patient's legal residence, i.e. driver's license or tax form. | | | | | | | | | | | | | | | | |

PART 2800

2161/1451b/SP

(Added at 11 Ill. Reg. 9118, effective April 30, 1987)