**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 fromApplicant 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)