**Section 2800.APPENDIX C Addendum II - Facility Experience**

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| FACILITY: |  | | | | | |  | |
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| TYPE OF TRANSPLANT: | | | |  | | |  | |
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| PERIOD COVERED\*: | | |  | | | |  | |
|  | | | | | | | | |
| PATIENT\*\* | AGE | DISEASE | | | TRANSPLANT  DATE | RETRANSPLANT | | STATUS |
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\*All patients in most recent twelve-month period.

\*\*If funded by Experimental Organ Transplantation Program, indicate patient's name; otherwise use identifier only.

(Source: Added at 12 Ill. Reg. 15550, effective September 16, 1988)