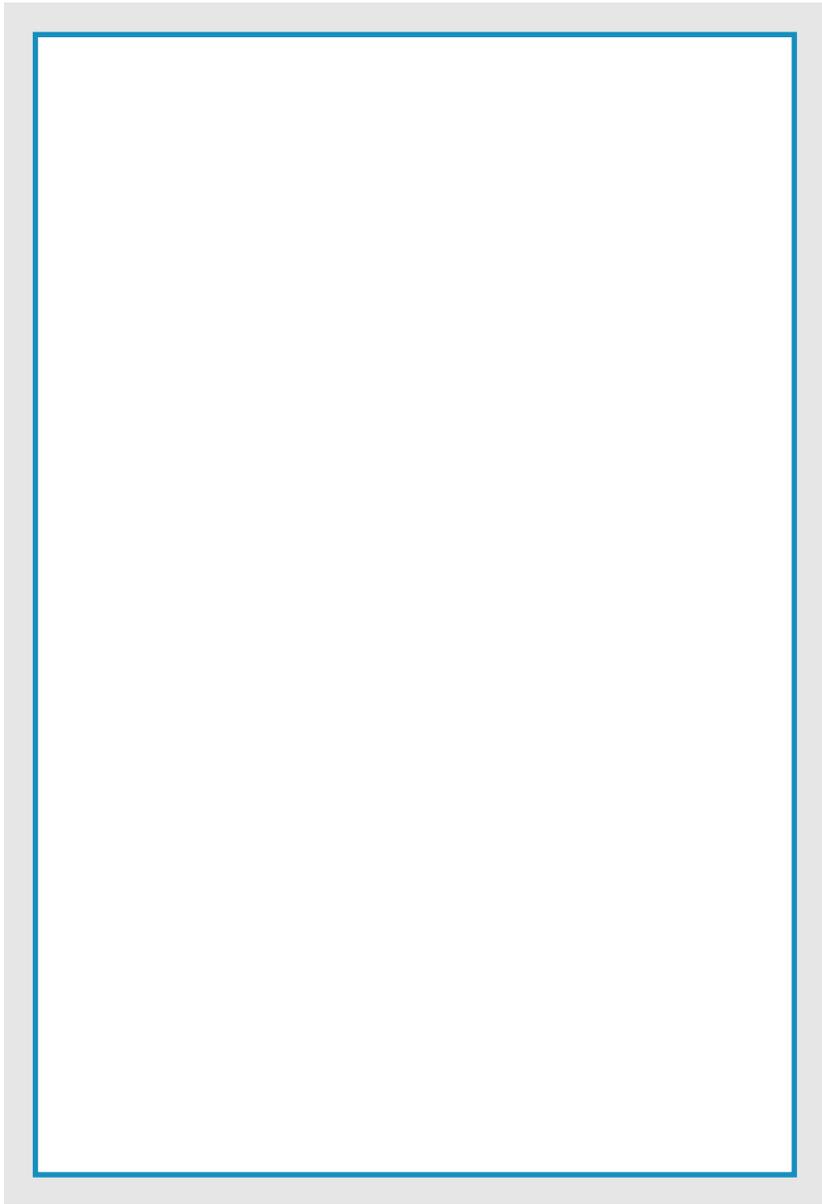


Transplant Trailblazer



Name:

Date of Transplant:

Transplant Center:
