Work-up Testing Appointment Tracker

Donor name

This tracker is for the purpose of claiming under the Supporting Living Organ Donors Program only (where you do not have a medical certificate). It should not be used for other purposes where a medical certificate is required e.g. as evidence for your employer.

Date	Appointment Details	Appointment Location	Total Hours : Minutes	Paid Leave taken	Out-of-pocket expense incurred
1/7/25	Donor work-up testing	Royal Melbourne Hospital VIC	3:05	☒ Yes ☐ No	☒ Yes ☐ No
			:	☐ Yes ☐ No	☐ Yes ☐ No
			:	☐ Yes ☐ No	☐ Yes ☐ No
			:	☐ Yes ☐ No	☐ Yes ☐ No
			:	☐ Yes ☐ No	☐ Yes ☐ No
			:	☐ Yes ☐ No	☐ Yes ☐ No
			:	☐ Yes ☐ No	☐ Yes ☐ No
			:	☐ Yes ☐ No	☐ Yes ☐ No
			:	☐ Yes ☐ No	☐ Yes ☐ No
			:	☐ Yes ☐ No	☐ Yes ☐ No
			:	☐ Yes ☐ No	☐ Yes ☐ No

*If seeking reimbursement for leave and/or out-of-pocket expenses, appropriate evidence must be provided with your claim.

July 2025

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Date	Appointment Details	Appointment Location	Total Hours : Minutes	Paid Leave taken	Out-of-pocket expense incurred
			☐☐☐:☐☐	☐ Yes ☐ No	☐ Yes ☐ No
			☐☐☐:☐☐	☐ Yes ☐ No	☐ Yes ☐ No
			☐☐☐:☐☐	☐ Yes ☐ No	☐ Yes ☐ No
			☐☐☐:☐☐	☐ Yes ☐ No	☐ Yes ☐ No
			☐☐☐:☐☐	☐ Yes ☐ No	☐ Yes ☐ No

Medical professional declaration

I declare that:

- the donor attended the appointments as listed above for the purpose of living organ donation, and
- the information provided in this form is complete and correct.

I understand that:

- giving false or misleading information is a serious offence.

Name

Position/Organisation

Signature

Date ☐☐/☐☐/☐☐☐☐

*If seeking reimbursement for leave and/or out-of-pocket expenses, appropriate evidence must be provided with your claim.