

## Payment details

I enclose payment of £  by cheque made payable to The Royal Society of Medicine

or by  Mastercard  Visa  AMEX  Switch  Delta

Card/Switch number

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------

Expiry date      Issue date      Issue No.\*      CSV\*\*

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------

Cardholder's name and address (if different from other side)

<input type="text"/>
<input type="text"/>

Cardholder's signature

<input type="text"/>
----------------------

\*Switch only \*\*The Card Security Code is the last 3 digits (4 for AMEX) on the signature strip on the back of your card.

### Please invoice my employer/organisation

(please note that registrations WILL NOT be accepted without payment unless your employer is to be invoiced)

Name
Address
<input type="text"/>
<input type="text"/>
Postcode
Daytime tel.
Email

### Please return your form to or for further information contact:

Andrea Török  
Academic Department,  
Royal Society of Medicine,  
1 Wimpole Street,  
London W1G 0AE  
Email: [paediatrics@rsm.ac.uk](mailto:paediatrics@rsm.ac.uk)  
Tel: (+44) (0) 20 7290 2986  
Fax: +44 (0) 20 7290 2989  
[www.rsm.ac.uk/paediatrics](http://www.rsm.ac.uk/paediatrics)

### Please return form by Friday 12 March 2010

If you are not a member of the RSM please tick here if you do not wish to receive future mailings from the Royal Society of Medicine.

Places are only guaranteed upon written confirmation. If, after sending us your payment you decide to cancel, you have 7 days in which to do so in writing, by fax or email and a full refund will be given. After this time refunds will incur a 15% administration charge. We regret no refunds will be given for cancellations received 4 days or less prior to the meeting. Substitutions may be made at any time without charge. Cheques must be in sterling drawn on a UK bank account. Acceptance is at the discretion of the event organiser. Registrations will not be accepted over the telephone. In the event that the RSM cancels the meeting, our liability will be limited to registration fees already paid to the Society for the meeting. The programme was correct at the time of print but may be subject to change.

Charity number 206219 • VAT reg no 524 4136 71



ORGANISED BY THE PAEDIATRICS & CHILD HEALTH SECTION

## Organ donation and transplantation in children

Royal Society of Medicine, 1 Wimpole Street, London W1G 0AE

Tuesday 23 March 2010 • CPD (Applied for) 5 credits

[www.rsm.ac.uk/paediatrics](http://www.rsm.ac.uk/paediatrics)



# Organ donation and transplantation in children

8.45 am **Registration**

9.15 am **Welcome and introduction**

Dr Joe Brierley, Consultant Intensivist, Great Ormond Street Hospital

## DONATION

9.20 am **The block**

Dr Paul Murphy, Consultant in Neuroanaesthesia and Critical Care, Leeds and National Clinical Lead for Organ Donation

9.45 am **Paediatric solutions of ODTF, NHBD PDGLs**

Dr Reinhart Milner, PICU Consultant, Birmingham Children's Hospital and  
Dr Joe Brierley, Consultant Intensivist, Great Ormond Street Hospital

10.30 am **Coffee break**

10.45 am **Organ donation - the process**

Ms Emma Thirwall, Team Leader, North West Donor Co-ordination, NHSBT

11.15 am **Multi-organ harvesting. A nice problem to have!! The bit not tackled yet in paediatric donation**

Speaker TBC

12.30 pm **Lunch**

## TRANSPLANTATION

1.30 pm **Immunosuppression - An overview of the latest**

Professor Anthony Warrens, Professor of Renal and Transplantation Medicine, Imperial College London, Consultant Physician, Hammersmith Hospital

2.15 pm **Liver, small bowel, pancreas**

Dr Girish Gupte, Consultant Paediatric Hepatologist, Birmingham Children's Hospital

3.00 pm **Tea break**

3.15 pm **What's new in heart/heart-lung transplantation**

Dr Mike Burch, Lead Transplant Consultant, Great Ormond Street Hospital

4.00 pm **Completion of evaluation forms**

4.05 pm **What's new in renal transplantation**

Dr Stephen Marks, Consultant Paediatric Nephrologist, Great Ormond Street Hospital

4.50 pm **Close of meeting**

# Registration form

Register online at [www.rsm.ac.uk/paediatrics](http://www.rsm.ac.uk/paediatrics)

## Organ donation and transplantation in children

**Tuesday 23 March 2010**

Please photocopy this form for additional delegates

Name\* (title, forename, surname)

Present appointment\*

Present institute\*

\*Please complete as you would like your details to appear on name badge, delegates list and attendance register

Address or RSM membership No.

Postcode

GMC/GDC Number

Daytime tel.

Email address

Any special needs or diet

Male

Female

### Payment details (please tick the appropriate box(es))

Office use only

Delegate:

Campaign code: section mailing

Event code: 6006/PDA09

### RSM Members

RSM Fellow £60

RSM Associate £45

RSM Trainee £45

RSM Student £35

### Non - RSM Members

Consultant/GP £150

Trainee £85

AHP/Nurse/Midwife £85

Student £45

Please complete both sides