

Kidney organ report

City:

Hospital:



ET Donor nr. DSO Donor nr. Center: Age: Bloodgroup:

Date of report: Contact person: Contact tel nr:

PRESERVATION

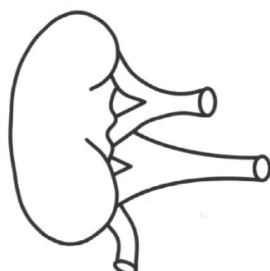
Heparin: IU at: Nephrectomy time right:
 Cross clamp time: Nephrectomy time left:
 Start cold perfusion time: Perfusion solution (volume): ml
 Warm ischemia period: min Perfusion solution:

ANATOMY RIGHT KIDNEY

Nr. of arteries:

Patch: ☐ Yes ☐ No

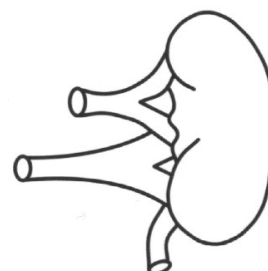
Nr. of veins

Patch: ☐ Yes ☐ NoUreter: ☐ Long ☐ ShortArteriosclerosis: ☐ None ☐ Moderate ☐ MassiveMorphological
variations:**ANATOMY LEFT KIDNEY**

Nr. of arteries:

Patch: ☐ Yes ☐ No

Nr. of veins

Patch: ☐ Yes ☐ NoUreter: ☐ Long ☐ ShortArteriosclerosis: ☐ None ☐ Moderate ☐ MassiveMorphological
variations:**QUALITY RIGHT KIDNEY**Perfusion: ☐ Good ☐ Acceptable ☐ PoorQuality of kidney: ☐ Good ☐ Acceptable ☐ PoorMachine perfusion: ☐ Yes ☐ No

Reason not used:

Procurement center:

Surgeon:

Signature: _____

Please fill in
QUALITY FORM online:
<https://isysweb.dso.de>
 using QF-Code:

QUALITY LEFT KIDNEYPerfusion: ☐ Good ☐ Acceptable ☐ PoorQuality of kidney: ☐ Good ☐ Acceptable ☐ PoorMachine perfusion: ☐ Yes ☐ No

Reason not used:

Procurement center:

Surgeon:

Signature: _____

Please fill in
QUALITY FORM online:
<https://isysweb.dso.de>
 using QF-Code:

Additional signature, for Germany only:

Verantwortlicher Entnahmekirurg (leitender Operateur nach Richtlinie der BÄK gem. § 16 Abs. 1 Satz 1 Nr 4a) und 4b) TPG)

Nachname

Vorname

Unterschrift

If donor-data contains any english text please pay attention to this disclaimer:

Please note that DSO cannot take warranty or liability for errors or discrepancies in the translation of the medical report. Only the original medical report is binding. Therefore, if you have any queries please do not hesitate to get in touch with the coordinator in charge directly who will be happy to clarify any areas of uncertainty.