

Heart
Quality Form

DSO Donor Number:

ET Donor Number:

Donor Age:



Donor Center/Region:

Procurement Center/Region:

Fax number:

Transplant Center:

Date / Time begin of Anastomosis:

Recipient Number:

Date / Time of arterial Reperfusion:

Subjective general evaluation of organ:

	<input type="checkbox"/> good	<input type="checkbox"/> moderate	<input type="checkbox"/> acceptable
Cold ischemia time:	hrs. min.	Anastomosis:	min.
Initial organ function:	<input type="checkbox"/> good	<input type="checkbox"/> moderate	<input type="checkbox"/> bad
Rhythm:	<input type="checkbox"/> primary sinus rhythm	<input type="checkbox"/> arrhythmic	<input type="checkbox"/> pacemaker necessary
Problems:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	

If „Yes“, please continue

Quality of package:	Number of bags	<input type="checkbox"/> Leakage	<input type="checkbox"/> Low amount of fluid
		<input type="checkbox"/> Organ frozen	<input type="checkbox"/> Others (see below)
Coronary sclerosis:	LAD	<input type="checkbox"/> none	<input type="checkbox"/> some
	CX	<input type="checkbox"/> none	<input type="checkbox"/> some
	RCA	<input type="checkbox"/> none	<input type="checkbox"/> some
Contusions marks:	<input type="checkbox"/> Yes		

Anatomical description	Left Atrium	<input type="checkbox"/> cut open	<input type="checkbox"/> intact
	Right Atrium	length SVC cm	length IVC cm
	Aorta	length cm	
	Pulmonary Artery	length cm	

Additional remarks:

Name of transplant surgeon + Center Code:

Signature

To help us to evaluate and improve the quality of organ characterization, procurement and transport, please fill in this form by logging on to <https://isysweb.dso.de>

with this Quality Form Code: xxx

Thank you

If you prefer you can return this form to Deutsche Stiftung Organtransplantation by fax.

Fax number:

Region xxxxx

+49 69 677328 xxxx

If you have any questions, please phone:

+49 69 677328 xxxx

or email:

xxxxx@dso.de