Kidney Left Quality Form

DSO Donor Number:

ET Donor Number:

Donor Age:



Donor Center/Region:	Procureme	nt Center/Region:	Fax number:	
Transplant Center: Recipient Number:		Date / Time begin of Anastomosis: Date / Time of arterial Reperfusion:		
KIDNEY Subjective general evaluation Cold ischemia time: Intraoperative urine production Color after reperfusion: Problems:		right good hrs. min. good homogeneous Yes	Ieft moderate Anastomosis: moderate marbled No	En bloc acceptable min. none dark blue
If "Yes", please continue Quality of package: Arterial problems: remarks:	Number of bags: No patch Additional Art.	Leakage Organ fr Cut in artery		ow amount of fluid others (see below) ion Stenosis
Venous problems: remarks:	too short Multiple Veins	Cut in vein	Others	
Ureteral problems: remarks:	too short Others	Cut in ureter	Devascula	nrized

				Seite 2 von 3
Kidney Left Quality Form	DSO Donor Number:	ET Donor Number: D	onor Age:	DSQ.
Quality of Parenchymremarks:	na: decapsulated Others	Partially decapsulated	Tumor	Scars
Biopsy: Additional remarks:	no	yes	(Copy of the repo	rt)

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

Name of transplant surgeon + Center Code:

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:

Signature:

+49 69 677328 xxxx

or email:

xxxxx@dso.de

DSO Donor Number:

ET Donor Number:

Donor Age:



Donor Center/Region:	Procurement Center/Region:	Fax number:					
Expanded Categorization of Lesions							
Please complete this form in addition t support and expertise in this matter is	o the existing quality-form for each cas greatly appreciated.	e to the best of your knowledge.Your					
Crade O: No Legion/overlanation n	a a sta normal atandard						
Grade 0: No Lesion/explanation n (Transplantation without any Issues)	leets normal standard						
Grade 1: Non standard/explanation	n with variations						
	red from enhancing fat, renal vein wihtout patch,	non-sufficient documentation on organ report)					
_							
Grade 2: Lesion(s) without interfer (e.g. non-relevant vessel injury, minimal ca	ence for suitability and transplantability psule injury)						
Grade 3: Lesion(s) with consequer (e.g. bigger capsule injury/damage of parer	nce nchyma, vessel injury which requires reconstructi	ion)					
Grade 4: Lesion(s) resulting in a si (e.g. injuries/lesions which require extende	gnificant consequence d surgical intervention prior to transplantation)						
Grade 5: Organ not transplantable	because of lesion(s)						
Note: On all cases where the lesion is	rated grade 3 or higher it is advised to	contact the depar center immediately					
Note: On all cases where the lesion is rated grade 3 or higher, it is advised to contact the donor center immediately and provide a picture of the lesion for documentation purposes. Thank you very much.							

Name of transplant surgeon + Center Code:

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

Signature:

or email: xxxxx@dso.de