

**Kidney Right
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:

KIDNEY
☐ right

☐ left

☐ En bloc

Subjective general evaluation of organ:

☐ good

☐ moderate

☐ acceptable

Cold ischemia time:

hrs.

min.

Anastomosis:

min.

Intraoperative urine production:

☐ good

☐ moderate

☐ none

Color after reperfusion:

☐ homogeneous

☐ marbled

☐ dark blue

Problems:

☐ Yes

☐ No

If "Yes", please continue

Quality of package:

Number of bags:

☐ Leakage

☐ Low amount of fluid

☐ Organ frozen

☐ Others (see below)

Arterial problems:

☐ No patch

☐ Cut in artery

☐ Intimal lesion

☐ Stenosis

☐ Additional Art.

☐ Others

remarks:

Venous problems:

☐ too short

☐ Cut in vein

☐ Multiple Veins

☐ Others

remarks:

Ureteral problems:

☐ too short

☐ Cut in ureter

☐ Devascularized

☐ Others

remarks:

**Kidney Right
Quality Form**

DSO Donor Number:

ET Donor Number:

Donor Age:



Quality of Parenchyma:

☐

decapsulated

☐

Partially decapsulated

☐

Tumor

☐

Scars

☐

Others

remarks:

Biopsy:

☐

no

☐

yes

(Copy of the report)

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

Donor Center/Region:

Procurement Center/Region:

Fax number:

Expanded Categorization of Lesions

Please complete this form in addition to the existing quality-form for each case to the best of your knowledge. Your support and expertise in this matter is greatly appreciated.

☐ Grade 0: No Lesion/explanation meets normal standard
(Transplantation without any Issues)

☐ Grade 1: Non standard/explanation with variations
(e.g. incorrect packaging, kidney not removed from enhancing fat, renal vein without patch, non-sufficient documentation on organ report)

☐ Grade 2: Lesion(s) without interference for suitability and transplantability
(e.g. non-relevant vessel injury, minimal capsule injury)

☐ Grade 3: Lesion(s) with consequence
(e.g. bigger capsule injury/damage of parenchyma, vessel injury which requires reconstruction)

☐ Grade 4: Lesion(s) resulting in a significant consequence
(e.g. injuries/lesions which require extended 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 donor center immediately and provide a picture of the lesion for documentation purposes.
Thank you very much.

Name of transplant surgeon + Center Code:

Signature:

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Thank you

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