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Liver Left Split Quality Form	DSO Donor Number:	ET Donor Number:	Donor Age:	DSC.
Donor Center/Region	: Procure	ement Center/Region:	Fax number:	
Transplant Center: Recipient Number:		Date / Time begin o Date / Time of arter Date / Time of porta	ial Reperfusion:	
LIVER Cold ischemia time: Subjective general ev Color after reperfusio Problems	-	whole hrs.min. good homogenous Yes	Ieft split Anastomosis: moderate marbled No	right split min. acceptable dark blue
If "Yes", please contin Quality of package:	Number of bags:	Leakage		ow amount of fluid thers (see below)
Arterial problems:				
Venous problems:				
Portal problems:				
Bileduct problems:				

Liver Left Split Quality Form	DSO Donor Number:	ET Donor Number:	Donor Age:	DSQ.
Quality of parenchy	ma:			
Remarks split:				
Additional remarks:				
Name of transplant	surgeon + Center Code:		Signature	
organ characterizatio transport, please fill in https://isysweb.dso.c	n this form by logging on to de	Stiftung Or Fax numbe Region xxx	хх	fax. +49 69 677328 xxxx
with this Quality Form Thank you	n Code: xxx	lf you have +49 69 677 or email: xxxxx@dso) phone:

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Liver Left Split Quality Form	DSO Donor Number:	ET Donor Number:	Donor Age:	DSQ.	
Donor Center/Region	n: Procur	ement 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 wihtout patch, non-sufficient documentation on organ report)					
	s) without interference for ssel injury, minimal capsule injur	y)	oility		
	s) with consequence njury/damage of parenchyma, v	essel injury which requires recons	struction)		
	s) resulting in a significan which require extended surgical	t consequence intervention prior to transplantatic	un)		
Grade 5: Organ r	not transplantable becaus	e of lesion(s)			
	of the lesion for docume	ade 3 or higher, it is advise ntation purposes.	ed to contact the donor	center immediately	

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 Signature:

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