

**Lung Right  
Quality Form**

DSO Donor Number:

ET Donor Number:

Donor Age:



Donor Center/Region:

Procurement Center/Region:

Fax number:

Transplant Center:

Right Lung Date / Time Begin of Anastomosis:

Recipient Number:

Right Lung Date / Time of arterial Reperfusion:

**LUNG**

Subjective general evaluation:

☐ good☐ moderate☐ acceptable

Cold ischemia time:

hrs. min.

Anastomosis:

min.

Initial Organ Function:

☐ good☐ moderate☐ bad

Reperfusion injury:

☐ none☐ moderate☐ severe

Problems:

☐ Yes☐ No

If „Yes“, please continue

Quality of package:

Number of bags:

☐ Leakage☐ Low amount of fluid☐ Organ frozen☐ Others (see below)

Inflation status:

☐ normal☐ overinflated☐ bad

Perfusion status:

☐ homogenous☐ medium☐ bad

Atelectasis:

☐ right upper lobe yes☐ right middle lobe yes☐ right lower lobe yes

Anatomical description:

☐ Atrial cuff☐ Aorta attached

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