Pancreas Quality Form	DSO Donor Number:	ET Donor Number:	Donor Age:	DSC.
Donor Center/Region	n: Procure	ment Center/Region:	Fax number:	
Transplant Center: Recipient Number:		Date / Time begin of Anastomosis: Date / Time of arterial Reperfusion:		
PANCREAS Cold ischemia time: Subjective general ex Intraoperative pancre Initial Organ Function State of Perfusion: Problems:	atic juice production:	with hrs. min. good good good Normal Yes	 without duodenut Anastomosis: moderate moderate moderate moderate moderate No 	min. acceptable none bad
If "Yes", please contin Quality of package: Arterial problems:	Number of bags:	Leakage Organ fro		ow amount of fluid thers (see below)
Venous problems:				
Duodenal problems:				
Quality of parenchym	a: decapsulated Others	partially decaps	sulated 🔲 Tumor	Scars

				Seite 2 von 3	
Pancreas Quality Form	DSO Donor Number:	ET Donor Number:	Donor Age:	DSC.	
Additional remarks:					
Name of transplant surgeon + Center Code:			Signature		
To help us to evaluate organ characterization	and improve the quality of n, procurement and		If you prefer you can return this form to Deutsche Stiftung Organtransplantation by fax.		

https://isysweb.dso.de with this Quality Form Code: xxx Thank you

transport, please fill in this form by logging on to

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

Pancreas Quality Form	DSO Donor Number:	ET Donor Number:	Donor Age:	DSQ.
Donor Center/Region	n: Procur	ement Center/Region:	Fax number:	
		kisting quality-form for each appreciated.	a case to the best of yo	our knowledge.Your
Grade 0: No Les (Transplantation wit	sion/explanation meets no hout any Issues)	ormal standard		
	andard/explanation with vaging, kidney not removed from e	ariations nhancing fat, renal vein wihtout p	atch, non-sufficient docume	entation on organ report)
	s) without interference for ssel injury, minimal capsule inju	r suitability and transplanta ^{ry)}	bility	
	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 transplantatio	on)	
Grade 5: Organ I	not transplantable becaus	e of lesion(s)		
	here the lesion is rated gies of the lesion for docume	rade 3 or higher, it is advise ntation purposes.	ed to contact the dono	r center immediately

Thank you very much.

Name of transplant surgeon + Center Code: Signature: If you prefer you can return this form to Deutsche Stiftung Organtransplantation by fax. To help us to evaluate and improve the quality of organ characterization, procurement and transport, please fill in this form by logging on to Fax number: https://isysweb.dso.de Region xxxxx +49 69 677328 xxxx with this Quality Form Code: xxx If you have any questions, please phone: Thank you +49 69 677328 xxxx or email: xxxxx@dso.de