

DSO Donor number:	Donor Center/Region:
ET Donor number:	Fax Number:
Donor age:	Procurement Center/Region:

Transplant Center:	TP	Date of Transplant:	DD	MM	YYYY
Recipient Number:					

KIDNEY	right <input type="checkbox"/>	left <input type="checkbox"/>	en bloc <input type="checkbox"/>
Subjective general evaluation of organ:	good <input type="checkbox"/>	moderate <input type="checkbox"/>	acceptable <input type="checkbox"/>
Cold ischemia time:	hrs.	min.	Anastomosis: min.
Intraoperative urine production:	good <input type="checkbox"/>	moderate <input type="checkbox"/>	none <input type="checkbox"/>
Color after reperfusion:	homogeneous <input type="checkbox"/>	marbled <input type="checkbox"/>	dark blue <input type="checkbox"/>
Problems:	Yes <input type="checkbox"/>	No <input type="checkbox"/>	

If "Yes", please continue

Quality of package:	Number of bags	Leakage <input type="checkbox"/>	Low amount of fluid <input type="checkbox"/>
	Organ frozen <input type="checkbox"/>	Others:	
Arterial problems:	no patch <input type="checkbox"/>	Cut in artery <input type="checkbox"/>	Intimal lesion <input type="checkbox"/>
	Stenosis <input type="checkbox"/>	Additional Art. Others:	
Venous problems:	too short <input type="checkbox"/>	Cut in vein <input type="checkbox"/>	
	Multiple veins		Others:
Ureteral problems:	too short <input type="checkbox"/>	Cut in ureter <input type="checkbox"/>	Devascularized <input type="checkbox"/>
	Others:		
Quality of Parenchyma:	decapsulated <input type="checkbox"/>	Partially decapsulated <input type="checkbox"/>	Tumor <input type="checkbox"/>
	Scars <input type="checkbox"/>		
Biopsy:	no <input type="checkbox"/>	yes <input type="checkbox"/>	(Copy of the report)
Additional remarks:			

Name of transplant surgeon:	Signature
-----------------------------	-----------

Please fax to: Donor Region (see above)
Deutsche Stiftung Organtransplantation