

Liver Quality Form



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:					

LIVER	whole <input type="checkbox"/>	left split <input type="checkbox"/>	right split <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.
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:

Venous problems:

Portal problems:

Bileduct problems:

Quality of parenchyma:

Additional remarks:

Name of transplant surgeon:	Signature
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Please fax to: Donor Region (see above)
Deutsche Stiftung Organtransplantation