

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:					

PANCREAS	with <input type="checkbox"/>	without duodenum <input type="checkbox"/>	
Cold ischemia time:      hrs.	min.	Anastomosis:      min.	
Subjective general evaluation of organ:	good <input type="checkbox"/>	moderate <input type="checkbox"/>	acceptable <input type="checkbox"/>
Intraoperative pancreatic juice production:	good <input type="checkbox"/>	moderate <input type="checkbox"/>	none <input type="checkbox"/>
Initial Organ Function:	good <input type="checkbox"/>	moderate <input type="checkbox"/>	bad <input type="checkbox"/>
State of Perfusion:	normal <input type="checkbox"/>	marbled <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:

Duodenal problems:

Quality of Parenchyma:	decapsulated <input type="checkbox"/>	Partially decapsulated <input type="checkbox"/>	Tumor <input type="checkbox"/>	Scars <input type="checkbox"/>
	Others:			

Additional remarks:

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