

**DONOR CENTER:****CONTACT TO:****DATE:****DONOR Nr.:****PHONE:****FAX:****DONOR IDENTITY:**

Date of birth:

Age:

Hospital:

Admission on:

at hrs

Sex:

Height:

Date of death:

at hrs

Weight:

Cause of Death:

ABO type:

Rhesus:

**HLA Type:****Virology:**

HbsAg:

HbcAb:

HCVAb:

HIVAb:

CMV-IgG:

CMV-IgM:

EBV:

TPHA:

Toxo:

Malignant tumor:

Steatosis:

Sepsis:

Meningitis:

**CLINICAL PARAMETERS:**

Temperature: °C

Diuresis: ml last

hrs

Last hour: ml

**Drugs / dosage**Antibiotics:Diuretics:Anti-Diuretics:Vasopressors:

Dopamine:

µg / kg BW / min since:

Dobutamine:

µg / kg BW / min since:

Epinephrine:

µg / kg BW / min since:

Norepinephrine:

µg / kg BW / min since:

Blood pressure:

/ mmHg

Date / duration

1. Hypotensive Period:

/ min.

2. Hypotensive Period:

/ min.

Cardiac Arrest:

/ min.

Reanimation:

/ min.

Blood transfusions: (last 24 hrs),

(since admission)

Plasma expanders:Other drugs:**BIOCHEMISTRY:** (most recent data)Urin sediment:

Urin glucose:

Urea:

AST:

Bili (tot):

Hb:

HbA1c:

erys:

Urin protein:

Crea:

ALT:

Bili (dir):

Leuco's:

Sputum culture:

leucos:

Urin culture:

Na+:

LDH:

CRP:

cyl:

K+:

γGT:

Amylase:

CK:

Blood culture:

bact:

Glucose:

AP:

Lipase:

CKMB:

**PRESERVATION:**

Heparin:

IU at hrs

Cross clamp time:

hrs

Cold Perfusion Aorta started:

at hrs

Cold perfusion Portal Vein or SMV started:

hrs

Kind and Volume of perfusate:

Volume: ml

**ANATOMY / EXPLANTATION****RIGHT KIDNEY**

Nr. of arteries:

Patch:

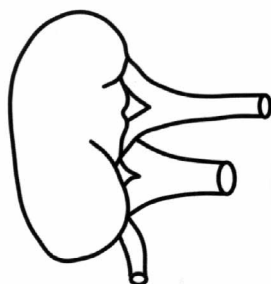
Nr. of veins:

Patch:

Ureter:

Remarks:Morphological variations:

If yes, specify:

**LEFT KIDNEY**

Nr. of arteries:

Patch:

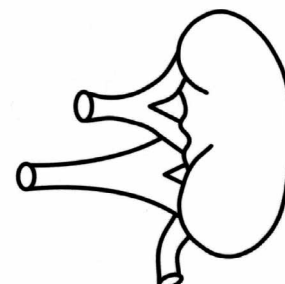
Nr. of veins:

Patch:

Ureter:

Remarks:Morphological variations:

If yes, specify:

**QUALITY:****RIGHT KIDNEY**

Perfusion:

Mechanical Perfusion (Study):

Nephrectomy at:

Reason why kidney not used:

Quality of right kidney:

Procurement Center:

Surgeon's name:

SIGNATURE:

Right kidney transplanted:

Recipient Center:

ET Nr.:

**LEFT KIDNEY**

Perfusion:

Mechanical Perfusion (Study):

Nephrectomy at:

Reason why kidney not used:

Quality of left kidney:

Procurement Center:

Surgeon's name:

SIGNATURE:

Left kidney transplanted:

Recipient Center:

ET Nr.:

Additional signature, for Germany only:

Verantwortlicher Entnahmehirurg (leitender Operateur nach Richtlinie der BÄK gemäß § 16 Abs. 1 Satz 1 Nr. 4 a) und b) TPG)

Nachname \_\_\_\_\_

Vorname \_\_\_\_\_

Unterschrift \_\_\_\_\_