

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

Drugs / dosageAntibiotics:

hrs

Last hour:

ml

Diuretics:Anti-Diuretics:

Blood pressure:

/

mmHg

Date / duration

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:

1. Hypotensive Period:

/

min.

2. Hypotensive Period:

/

min.

Cardiac Arrest:

/

min.

Blood transfusions:

(last 24 hrs),

(since admission)

Reanimation:

/

min.

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**

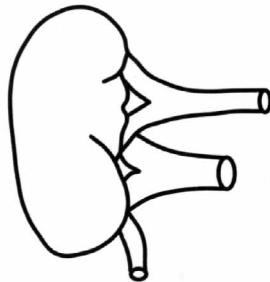
Nr. of arteries:

Patch:

Nr. of veins:

Patch:

Ureter:

Remarks:Morphological variations:

If yes, specify:

**LEFT KIDNEY**

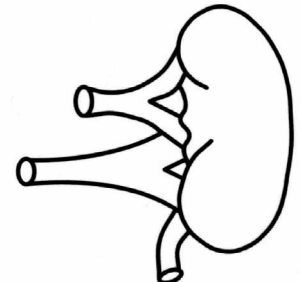
Nr. of arteries:

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 _____