

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:

Rhesus:

ABO type:

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 / dosageAntibiotics: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:**LIVER**

Normal arterial anatomy:

If no, specify:

Gallbladder flushed:

Bile duct flushed:

Coeliac axis:

Common hepatic artery:

SMA:

Aortic patch:

Portal vein:

Cholecystectomy

Iliac arteries:

Iliac veins:

PANCREAS

Whole pancreas:

With duodenum:

Remarks:

Coeliac axis:

Common hepatic artery:

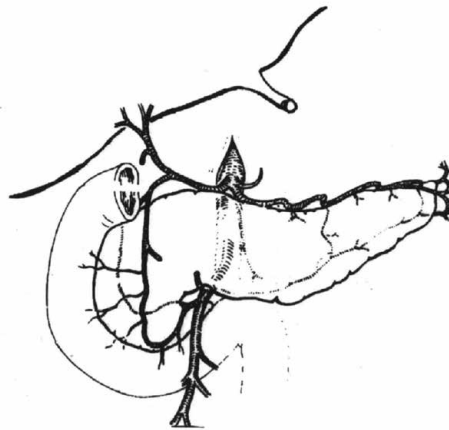
SMA:

Aortic patch:

Portal vein:

Iliac arteries:

Iliac veins:

**QUALITY:****LIVER**

Perfusion:

Hepatectomy at:

Reason why liver not used:

Quality of liver:

Procurement Center:

Surgeon's name:

SIGNATURE:

Liver transplanted:

Recipient Center:

ET Nr.:

QUALITY:**PANCREAS**

Perfusion:

Pancreatectomy at:

Reason why pancreas not used:

Quality of pancreas:

Procurement Center:

Surgeon's name:

SIGNATURE:

Pancreas 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 _____