

DONOR CENTER:**DATE:****DONOR Nr:****CONTACT TO:****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

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)

Hypoxemia:

/

min.

Plasma expanders:

Hypertensive Period:

/

min.

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:

EKG:Blood gas analysis:Bronchoscopy findings:

Date/hr			
FiO ₂			100
PEEP			5
pH			
PaCO ₂			
PaO ₂			
HCO ₃ ⁻			
BE			

Lung	Right	Left
Secretions:		
- clean		
- mucoid		
- purulent		
- hemorrhagic		
Aspiration:		
Inflammation:		

Echo Heart:

Heart performance:

Remarks:**PRESERVATION****HEART:**

Heparin:

IU

at

hrs

Cross clamp time:

hrs

Cold Perfusion Heart started:

at

hrs

Cardioplegic solution:

Add. To Pres. solution:

Volume of Perfusate:

ml

in

min.

Storage in:

LUNGS:PGE₁ (IV / RA / PA):

ng/ kg BW

at

hrs

PGI₂ (IV / RA / PA):

ng/ kg BW

at

hrs

Other Drugs:

Preservation solution:

Add. To Pres. solution:

Volume of perfusate:

ml

in

min.

Storage in:

Inflation Status:

Weight of lungs:

Lungs en bloc:

With heart:

QUALITY**HEART:****RIGHT LUNG:****LEFT LUNG:**

Perfusion:

Coronary Artery Sclerosis:

Reason why not used:

Quality:

Procurement Center:

Surgeon's name:

SIGNATURE:

Organ(s) transplanted:

Recipient Center:

ET Nr:

Additional signature, for Germany only:

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

Nachname _____

Vorname _____

Unterschrift _____