



AUSTRALIA AND NEW ZEALAND ORGAN DONATION REGISTRY



DONOR DETAILS

1. DONOR NUMBER

2. WAS DONOR
A = ACTUAL
B = INTENDED

3. HOSPITAL AND STATE

4. DATE OF BIRTH

5. POSTCODE OF DONOR

6. GENDER

7. HEIGHT (cms)

8. WEIGHT (kg)

9. RACIAL / ETHNIC ORIGIN

10. RELIGION

11. OCCUPATION (Write In)

12. PRIMARY CAUSE OF DEATH

13. HEART BEATING Y/N

PAST MEDICAL HISTORY RISK FACTORS

14. DIABETES
N = No diabetes
T = Type I (Insulin dependent)
P = Type II (Non insulin or insulin requiring)

15. PAST HISTORY OF TREATED HYPERTENSION
Y = Yes N = No
U = Unknown

16. SMOKING
N = Never C = Current
F = Former U = Unknown

17. PAST HISTORY OF CANCER
Y = Yes N = No
U = Unknown **If Yes, enter the separate cancer form**

AUTHORITY TO DONATE

28. Enrolled with Organ Donor Registry
Y=Yes R=Not Registered
A=Not Accessed T=Telephone
S=Not Applicable N=None

29. Signed Driver's Licence
Y=Yes S=Not Applicable
N=No U=Unknown

30. Sought By (Refer Codes) Other

31. Donor Coordinator Contact with Donor Family F=Face to Face
T=Telephone N=None

32. Coroner's Case Y=Yes N=No

33. Authority for Research Organs / Tissue Y=Yes N=No

18. KEY EVENTS Cardio/Pulmonary Resuscitation Y = Yes N = No U = Unknown

Heart Beating or Non Heart Beating

Admission to Hospital

Ventilation

Brain Death (2nd test) or Cardiac Death

Cross Clamp or Start of Cold Perfusion

Time (24 hr clock)
Day Mth Year

19. BLOOD GROUP / HLA TYPING
Group A B DR

20. HEPATITIS AND OTHER VIROLOGY

H B V Surface Antigen
H B V Core Antibody
H C V Antibody
H C V NAT (Enter) 1 = Positive 2 = Negative 3 = Not Done

C M V IgG
E B V IgG
Other

34. AUTHORITY SOUGHT FOR (Refer Codes)

ORGANS / TISSUES	Y/N	IF NO (Code)	OTHER REASON	AUTHORITY OBTAINED Y/N
Kidneys	10			
Liver	20			
Heart	30			
Lungs	40			
Pancreas	50			
Cornea	60			
Bone	70			
Heart Valves	90			
Other				

21. DONOR MAINTENANCE POST BRAIN DEATH

Dopamine Y=Yes N=No
Dobutamine Y=Yes N=No
Adrenaline Y=Yes N=No
Noradrenaline Y=Yes N=No
Aramine Y=Yes N=No
Pitressin / DDAVP Y=Yes N=No

Other (Specify) (eg Insulin Infusion)

Mean Arterial Blood Pressure (MAP) <50 mm Hg

Y/N Duration (Hours)

22. TERMINAL TREATMENT IN OPERATING THEATRE

Heparin Y=Yes N=No
Mannitol Y=Yes N=No
Methyl Prednisolone Y=Yes N=No
Chlorpromazine Y=Yes N=No
Prostacyclin (Pgl²) Y=Yes N=No
Other (Specify) (eg Frusemide, Antibiotics)

23. KIDNEY DONOR

Procurement Biopsy Performed Y=Yes N=No

Creatinine mmol/L

Urea mmol/L

Urine Output (mls/hr)

Y/N Duration (Hours)

Oliguria in last 12 hours <20 mls / hr

25. HEART DONOR

Normal ECG Y=Yes N=No
Echocardiogram Y=Yes N=No

26. LUNG DONOR

Bronchoscopy Y=Yes N=No

Arterial blood gas at inspired oxygen conc^o 100%
Values Y=Yes N=No

pH

PaO₂

PaCO₂

PEEP (cms)

Chest Trauma Y=Yes N=No
If Yes (Refer Codes)

Other

24. LIVER DONOR

Alanine Transaminase (ALT)

Aspartate Transaminase (AST)

Gamma Glutamyl Transferase (GGT)

Alkaline Phosphatase (ALP)

Total Bilirubin

27. PANCREAS DONOR

Maximum Blood Sugar Level >8 mmol/L Y=Yes N=No
Normal Amylase or Lipase <80 U/L Y=Yes N=No

35. ORGANS / TISSUES RETRIEVED (Refer Codes)

ORGANS / TISSUES	Y/N	IF NO (Code)	OTHER REASON	PRESERVATION				SOLUTION IN ORGAN AT STORAGE		RETRIEVAL TEAM
				INITIAL	OTHER	SECOND	OTHER	OTHER	OTHER	
Kidney (L)	11									
Kidney (R)	12									
Liver	20									
Heart	30									
Lungs	40									
Lung (L)	41									
Lung (R)	42									
Pancreas	50									
Cornea	60									
Bone	70									
Heart Valves	90									
Other										

36. DESTINATION

ORGANS / TISSUES	HOSPITAL AND STATE	OUTCOME	RECIPIENT SURNAME	GIVEN NAME	REGISTRY NUMBER	DATE OF OPERATION
Kidney (L)	11					
Kidney (R)	12					
Liver	20					
Split Liver (L)	21					
Split Liver (R)	22					
Hepatocytes	23					
Heart	30					
Lungs	40					
Lung (L)	41					
Lung (R)	42					
Pancreas	50					
Pancreatic Islets	51					
Cornea (L)	61					
Cornea (R)	62					
Bone	70					
Heart Valves	90					
Other						