Updated April 2005

AUSTRALIA AND NEW ZEALAND ORGAN DONATION REGISTRY

INSTRUCTIONS FOR COMPLETION OF DONOR SHEET

1. DONOR NUMBER

State prefix, then number (eg. Q00001, N00023, V00154, W00122)

Q=Queensland
N=New South Wales/ACT
V=Victoria/Tasmania
S=South Australia/NT
W=Western Australia
Z=New Zealand
O=Other

2. DONOR – ACTUAL OR INTENDED

A=Actual
A person from whom the retrieval operation is commenced for the purpose of transplantation. This includes donors who may be deemed medically unsuitable at time of surgery or after removal of organs.

B=Intended
A person from whom authority has been given or volunteered, but organ donation did not proceed. (eg positive virology, cardiac arrest, further investigations discovered cancer, infection etc)

Record reason in Section 20 or 35.

3. DONOR HOSPITAL AND STATE

Code as per ANZDATA hospital list
(eg RMBH3, POWH2, QEZB5, RLPT6)

If a hospital is not on the list, write on the sheet and the Registry will provide a code.

Do not use code that is used by the tissue typing laboratory for allocation.

4. DATE OF BIRTH

Two digits per box = DD.MM.YY (eg 03.04.80)

5. POSTCODE

Postal residential address of donor. Enter 9999 if overseas resident temporarily in Australia or NZ.

6. GENDER

M=Male or F=Female

7. HEIGHT

Enter to nearest centimetre (eg 160.5 = 161)
If unknown enter X.

8. WEIGHT

Enter to nearest kilogram (eg 80.6 = 81)
If unknown enter X.

9. RACIAL / ETHNIC ORIGIN

10 = Caucasoid
11 = Italian
12 = Greek
13 = Turk
20 = Aborigine
30 = Chinese
40 = Maori
50 = Arab
60 = Pacific People
61 = Indonesian
62 = Malay
63 = Filipino
64 = Vietnamese
70 = Indian
99 = Other (Specify)

10. RELIGION

1 = Christian
2 = Muslim
3 = Buddhist
4 = Hindu
5 = Other (Specify)
6 = No religion
7 = Unknown
8 = Jewish

11. OCCUPATION Write in answer

12. PRIMARY CAUSE OF DEATH

11 = Motor Vehicle Accident
12 = Motor Bike Accident
13 = Cyclist
14 = Pedestrian
15 = Other Road Accident (Specify)
21 = Fall
22 = Other Accident (Specify)
23 = Gunshot
24 = Felony or Crime eg Assault (Specify)
31 = Spontaneous Subarachnoid Haemorrhage
32 = Other Spontaneous Intracranial Haemorrhage
33 = Cerebral Infarct
34 = Hypoxia (Specify)
35 = Cerebral Oedema (Specify)
40 = Cerebral Tumour (Specify benign or malignant)
If malignant–enter cancer sheet with details
50 = Drowning
51 = Sudden Infant Death Syndrome (SIDS)
52 = Hanging
53 = Asthma
60 = Other (Specify)

13. HEART BEATING Y=Yes or N=No

14. DIABETES See Codes on form

15. PAST HISTORY OF TREATED HYPERTENSION

As documented in Medical Records and /or discussion with the Local Medical Officer.

16. SMOKING See Codes on form

17. PAST HISTORY OF CANCER

Y=Yes N=No U=Unknown

If Yes, please enter the separate cancer form.

18. KEY EVENTS

Admission to Hospital=Initial admission to hospital When a patient is transferred record admission time If exact time is unknown place X in box.

Ventilation=Time of Intubation

Record time of **Second Brain Death Test** and **Cross Clamp of Aorta** in **Operating Theatre.**

If Brain Death **NOT CERTIFIED (Non Heart Beating Donor**) record time of **cardiac death** and commencement of adequate **cold perfusion.**

19. LABORATORY RESULTS

Blood Group A, A1, A2, B, AB, O
(Enter subtypes A1 or A2 if known)
Do not include Rhesus Factor.

Tissue Typing
If unknown or not done place X in box.

20. HEPATITIS HBV sAg, HBV CORE ANTIBODY, HCV Ab, HCV NAT (**Nucleic Acid)**, CMV IgG, EBV (Epstein Barr Virus)

OTHER – Any other virology tests performed eg PCR, HIV (Specify test in section below box)

Enter 1=Positive 2=Negative 3=Not Done

21. DONOR MAINTENANCE POST BRAIN DEATH

No doses required
If maintenance drugs given post brain death certification Enter Y=Yes or N=No

Terminal = In Intensive Care Unit (ICU)
(Immediately preceding retrieval)

Mean Arterial Blood Pressure (MAP) <50 mm Hg
Enter Y=Yes or N=No (If Yes, enter duration)

22. TERMINAL TREATMENT OPERATING THEATRE

Drugs given to the donor in the Operating Theatre
Enter Y=Yes or N=No

23. KIDNEY DONOR Enter Y=Yes or N=No in box.

If not all information known, enter X in box.

Admission = First available result

Terminal = In Intensive Care Unit (ICU)
(Immediately preceding retrieval)

Creatinine	Enter as 0.08 mmol/L
Urea	Enter up to three digits eg 3.5, 12.5 mmol/L

Urine Output = last hour in ICU preceding transfer to Operating Theatre

Oliguria In last 12 hours
If Yes - Enter Duration in Hours

24. LIVER DONOR Enter Y=Yes or N=No in box.

Enter <u>most recent</u> donor values <u>prior to retrieval</u>

25. HEART DONOR Enter Y=Yes or N=No in box.

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

26. LUNG DONOR Enter Y=Yes or N=No in box.

Bronchoscopy Y=Yes or N=No

Enter <u>last</u> arterial blood gas analysis at inspired oxygen concentration 100% values.
Do not use gases taken to determine brain death.

Chest Trauma Enter Y=Yes or N=No in box.
1=Pneumothorax
2=Chest Drain
3=Other (Specify)

27. PANCREAS DONOR Enter Y=Yes or N=No in box

28. ENROLLED WITH ORGAN DONOR REGISTRY

Enter Y=Yes R=Not Registered A=Not Accessed

29. SIGNED DRIVER'S LICENCE See Codes

30. AUTHORITY (Sought By Initially)

1=Donor Coordinator
2=ICU Consultant
3=ICU Trainee eg Registrar
4=Social Worker
5=Other (Specify)
6=Volunteered
7=Nursing staff

31. CONTACT WITH DONOR COORDINATOR See Codes

32. CORONER'S CASE See Codes

34. AUTHORITY SOUGHT FOR

Y=Yes or N=No (If No, specify reason)

1 = Disease of organ
2 = Trauma to organ
3 = Age of donor
4 = Prior family request
5 = Donor refusal
6 = Staff oversight
7 = Staff reluctance
8 = Other (Specify)
9 = Family refusal

If authority obtained enter Y in box–If not enter N.
Reason for N is not coded.

35. ORGANS RETRIEVED Y=Yes or N=No

Complete only for organs where authority obtained (If not retrieved – enter reason)

10 = No suitable recipient
11 = Disease of organ
12 = Trauma to organ
13 = Cardiac arrest
14 = Infection
15 = Malignancy
16 = Hypotension
17 = Biochemistry
18 = Inotropic support
19 = ECG
20 = ABG
21 = Chest Xray
22 = Logistics (Specify)
23 = Other (Specify)
24 = Age of donor
25 = Retrieval Team not available

PRESERVATION (**<u>Solution in organ at storage</u>**)

Record in <u>order of solutions given</u>

If <u>two solutions</u> used (eg Ross followed by UW)
Code Ross (20) in first column – then
Code UW (70) in second column

10 = No washout (Ice slush only)
20 = Citrate solution (Ross)
30 = Collins solution
31 = Eurocollins solution
32 = St Thomas solution
33 = HTK
50 = Other Solution (Specify)
51 = Crystalloid cardioplegia
52 = Albumin based blood cardioplegia (pneumoplegia)
53 = Albumin and water/saline
56 = Perfadex
70 = University Wisconsin (UW)
80 = Not applicable (cornea/bone)
90 = Hartman's solution

RETRIEVAL TEAM
Code as per ANZDATA Hospital List. See Question 3.

36. DESTINATION

Hospital and State –
Code as per ANZDATA hospital list. See Question 3.

Enter Transplant Hospital NOT Caring Hospital

OUTCOME Enter Code

T = Transplanted
E = En bloc
D = Double Adult
R = Research
S = Stored (for bone, heart valves etc)
N = Not used (Specify reason in Surname section)
U = Unuseable (Specify reason in Surname section)
X = Unknown

RECIPIENTS' SURNAME AND GIVEN NAMES

IMPORTANT for **all solid** organs
Not essential for tissue recipients