



# AUSTRALIA AND NEW ZEALAND ORGAN DONATION REGISTRY



Updated January 2008

## 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  A=Not Accessed S=Not Applicable  
R=Not Registered Y=Yes

29. 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 DCD

	Day	Mth	Year	Time (24 hr clock)
Admission to Hospital				
Ventilation				
Withdrawal (DCD)				
Brain Death (2nd test) or Cardiac Death				
Cross Clamp or Start of Cold Perfusion				

## 19. BLOOD GROUP / HLA TYPING

Group	A	B	DR
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

## 20. HEPATITIS AND OTHER VIROLOGY

(Enter) 1 = Positive, 2 = Negative, 3 = Not Done

H B V <input type="checkbox"/>	H B V <input type="checkbox"/>	H C V <input type="checkbox"/>	H C V <input type="checkbox"/>	
Surface Antigen	Core Antibody	Antibody	NAT	
C M V <input type="checkbox"/>	E B V <input type="checkbox"/>	H I V <input type="checkbox"/>	H I V <input type="checkbox"/>	Other .....
IgG	IgG	Antibody	NAT	

## 21. DONOR MAINTENANCE (POST BRAIN DEATH OR PRE-DCD)

Dopamine	<input type="checkbox"/> Y=Yes <input type="checkbox"/> N=No	Other (Specify) .....	<input type="checkbox"/> Y=Yes <input type="checkbox"/> N=No
Adrenaline	<input type="checkbox"/>		<input type="checkbox"/>
Noradrenaline	<input type="checkbox"/>		<input type="checkbox"/>
Insulin Infusion	<input type="checkbox"/>		<input type="checkbox"/>
T3 Protocol (Includes Methyl Prednisolone)	<input type="checkbox"/>	Mean Arterial Blood Pressure (MAP) <50 mm Hg	<input type="text"/> Y/N <input type="text"/> Duration (Hours)
Vasopressin / DDAVP	<input type="checkbox"/>		

## 22. TERMINAL TREATMENT

Heparin	<input type="checkbox"/> Y=Yes <input type="checkbox"/> N=No
Antibiotics	<input type="checkbox"/>
Methyl Prednisolone	<input type="checkbox"/>
Chlorpromazine	<input type="checkbox"/>
Prostacyclin ( Pgl <sup>2</sup> )	<input type="checkbox"/>
Other (Specify) .....	<input type="checkbox"/>

## 23. KIDNEY DONOR

Procurement Biopsy Performed  Y=Yes N=No

Admission Terminal

Creatinine mmol/L	<input type="text"/>	<input type="text"/>
Urea mmol/L	<input type="text"/>	<input type="text"/>
Urine Output (mls/hr)	<input type="text"/>	<input type="text"/>

Oliguria in last 12 hours <20 mls / hr  Y/N  Duration (Hours)

## 25. HEART DONOR

Y=Yes N=No

Normal ECG  Y=Yes N=No

Echocardiogram  Y=Yes N=No

## 26. LUNG DONOR

Y=Yes N=No

Bronchoscopy  Y=Yes N=No

Arterial Blood Gas Values

pH	<input type="text"/>	Chest Trauma <input type="checkbox"/> Y=Yes N=No
PaO2	<input type="text"/>	
PaCO2	<input type="text"/>	If Yes (Refer Codes) <input type="checkbox"/>
PEEP (cms)	<input type="text"/>	
FiO <sub>2</sub> (%) oxygen conc <sup>n</sup>	<input type="text"/>	Other .....

## 24. LIVER DONOR

Y=Yes N=No

Enter Values

Alanine Transaminase (ALT)	<input type="text"/>
Aspartate Transaminase (AST)	<input type="text"/>
Gamma Glutamyl Transferase (GGT)	<input type="text"/>
Alkaline Phosphatase (ALP)	<input type="text"/>
Total Bilirubin	<input type="text"/>

## 27. PANCREAS DONOR

Y=Yes N=No

Maximum Blood Sugar Level >8 mmol/L  Y=Yes N=No

Normal Amylase or Lipase <80 U/L  Y=Yes N=No

## 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			
Intestines	55			
Stomach-Intestines	56			
Eye-Cornea	60			
Bone	70			
Heart Valves	90			
Other				

## 35. ORGANS / TISSUES RETRIEVED (Refer Codes)

ORGANS / TISSUES	Y/N	IF NO (Code)	OTHER REASON	PRESERVATION SOLUTION IN ORGAN					RETRIEVAL TEAM
				INITIAL	OTHER	SECOND	OTHER	AT STORAGE	
Kidney (L)	11								
Kidney (R)	12								
Liver	20								
Heart	30								
Lungs	40								
Lung (L)	41								
Lung (R)	42								
Pancreas	50								
Intestines	55								
Stomach-Intestines	56								
Eye-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					
Intestines	55					
Stomach-Intestines	56					
Cornea (L)	61					
Cornea (R)	62					
Bone	70					
Heart Valves	90					
Other						

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

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

### 10. RELIGION

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

**Withdrawal (DCD)**=Date and time of withdrawal

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

If Brain Death **NOT CERTIFIED (Donation After Cardiac Death (DCD))** 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), HIV Antibody, HIV NAT

**OTHER** – Any other virology tests performed eg Toxoplasmosis (Specify test in section below box)

Enter 1=Positive 2=Negative 3=Not Done

### 21. DONOR MAINTENANCE (POST BRAIN DEATH or PRE DCD) 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

Drugs given to the donor terminally

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 most recent donor values prior to retrieval

### 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 last arterial blood gas

**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                S=Not Applicable

### 29. 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	6 = Staff oversight
2 = Trauma to organ	7 = Staff reluctance
3 = Age of donor	8 = Other (Specify)
4 = Prior family request	9 = Family refusal
5 = Donor 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	18 = Inotropic support
11 = Disease of organ	19 = ECG
12 = Trauma to organ	20 = ABG
13 = Cardiac arrest	21 = Chest Xray
14 = Infection	22 = Logistics (Specify)
15 = Malignancy	23 = Other (Specify)
16 = Hypotension	24 = Age of donor
17 = Biochemistry	25 = Retrieval Team not available

### PRESERVATION (Solution in organ at storage)

Record in order of solutions given

If two solutions 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)  
31 = Eurocollins solution  
32 = St Thomas solution  
33 = HTK  
50 = Normal Saline  
51 = Crystalloid cardioplegia  
52 = Albumin based blood cardioplegia (pneumoplegia)  
56 = Perfadex  
57 = Celsior  
60 = Other (specify)  
70 = University Wisconsin (UW)  
80 = Not applicable (cornea / bone)  
90 = Hartman's solution  
95 = PFC (Perfluorodecalin)—UW (Islets Storage)

### 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 = Unusable (Specify reason in Surname section)

### RECIPIENTS' SURNAME AND GIVEN NAMES

**IMPORTANT** for all solid organs

Not essential for tissue recipients