



# 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

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 dependent)

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

16. SMOKING   
N = Never F = Former C = Current 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  
S=Not Applicable

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

19. BLOOD GROUP / HLA TYPING  
Group A B DR

20. HEPATITIS AND OTHER VIROLOGY  
H B V Surface Antigen  Core Antibody  Antibody   
H C V  (Enter)  
1 = Positive  
2 = Negative  
3 = Not Done  
C M V IgG  IgG  Other .....

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

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				
Other				

21. DONOR MAINTENANCE POST BRAIN DEATH  
Y=Yes N=No Other (Specify) Y=Yes N=No  
Dopamine   
Dobutamine   
Adrenaline   
Noradrenaline   
Aramine   
Pitressin / DDAVP   
Mean Arterial Blood Pressure (MAP) <50 mm Hg Y/N Duration (Hours)

22. TERMINAL TREATMENT IN OPERATING THEATRE  
Y=Yes N=No  
Heparin   
Mannitol   
Methyl Prednisolone   
Chlorpromazine   
Prostacyclin ( Pgl<sup>2</sup> )   
Other (Specify) (eg Frusemide, Antibiotics)

ORGANS / TISSUES	Y/N	IF NO (Code)	OTHER REASON	PRESERVATION			SOLUTION IN ORGAN AT STORAGE		RETRIEVAL TEAM
				INITIAL	OTHER	SECOND	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									
Other									

23. KIDNEY DONOR  Y=Yes N=No  
Procurement Biopsy Performed  Y=Yes N=No  
Creatinine mmol/L Admission Terminal   
Urea mmol/L   
Urine Output (mls/hr)   
Oliguria in last 12 hours <20 mls / hr Y/N Duration (Hours)

25. HEART DONOR  Y=Yes N=No  
Normal ECG  Echocardiogram

26. LUNG DONOR  Y=Yes N=No  
Bronchoscopy   
Arterial blood gas at inspired oxygen conc<sup>n</sup> 100%  
Values  
pH   
PaO2   
PaCO2   
PEEP (cms)   
Chest Trauma   
If Yes (Refer Codes)   
Other .....

24. LIVER DONOR  Y=Yes N=No  
Alanine Transaminase (ALT)   
Aspartate Transaminase (AST)   
Gamma Glutamyl Transferase (GGT)   
Alkaline Phosphatase   
Total Bilirubin

27. PANCREAS DONOR  Y=Yes N=No  
Maximum Blood Sugar Level >8 mmol/L   
Normal Amylase

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					
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						