

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 organs are actually removed for the purpose of transplantation. This includes donors who may be deemed medically unsuitable at time of surgery or after the removal of organs.  
**B=Intended**  
A person from whom consent 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, PHEN2, 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
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 Islander  
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  
10 = Unskilled Blue Collar 60 = Home Duties  
11 = Skilled Blue Collar 70 = Student  
20 = Unskilled White Collar 71 = Preschool Child  
21 = Skilled White Collar 80 = Unemployed  
30 = Tradesperson 81 = Unknown  
40 = Primary Industry 90 = Retired  
50 = Professional 91 = Invalid Pensioner  
52 = Management 99 = Other (Specify)
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)  
32 = Intracranial Haemorrhage  
33 = Cerebral Infarct  
34 = Hypoxia (Specify)  
35 = Cerebral Oedema (Specify)  
40 = Cerebral Tumour (Specify)  
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. ALCOHOL INTAKE >40 gms/day  
Low Alcohol Beer (425 ml) = 10 gm  
Beer (285 ml Schooner) = 10 gm  
Wine (120 ml Glass) = 10 gm  
Spirits (30 ml Nip) = 10 gm  
Fortified (60 ml Glass) = 10 gm
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, B, AB, O (Letter only)  
Do not include Rhesus Factor.  
**Tissue Typing** Two digits per box.  
If unknown or not done place X in box.

20. HEPATITIS HBV sAg, HBV CORE ANTIBODY, HCV Ab  
CMV IgG, EBV (Epstein Barr Virus)  
OTHER – Any other virology tests performed (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)
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  
**Systolic Hypotension** In last 12 hours –  
If Yes - Enter Duration in Hours  
**Oliguria** In last 12 hours  
If Yes - Enter Duration in Hours
24. LIVER DONOR Enter Y=Yes or N=No in box.  
Enter donor values  
Enter for NORMAL Y=Yes or N=No or X=Unknown
25. HEART DONOR Enter Y=Yes or N=No in box.  
**Maximum Systolic BP** during admission  
**ECG** Normal Y=Yes or N=No
26. LUNG DONOR Enter Y=Yes or N=No in box.  
Enter 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 or N=No
29. SIGNED DRIVER'S LICENCE See Codes
30. SIGNED DONOR CARD See Codes
31. CONSENT (Sought By)  
1=Transplant Coordinator  
2=ICU Consultant  
3=ICU Trainee eg Registrar  
4=Social Worker  
5=Other (Specify)  
6=Volunteered  
7=Nursing staff

32. CONTACT WITH TX COORDINATOR See Codes
33. CORONER'S CASE See Codes
34. CONSENT 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 consent 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 consent obtained (If not retrieved – enter reason)**  
10 = No suitable recipient 18 = Inotropic support  
11 = Disease or organ 19 = ECG  
12 = Trauma to organ 20 = ABG  
13 = Cardiac arrest 21 = Chest Xray  
14 = Infection 22 = Logistics  
15 = Malignancy 23 = Other (Specify)  
16 = Hypotension 24 = Age of donor  
17 = Biochemistry
- PRESERVATION (Solution organ is stored in)  
**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)  
30 = Collins solution  
31 = Eurocollins solution  
32 = St Thomas solution  
50 = Other Solution (Specify)  
51 = Crystalloid cardioplegia  
52 = Albumin based blood cardioplegia (pneumoplegia)  
53 = Albumin and water/saline  
60 = Other (Specify)  
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  
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