



AUSTRALIA AND NEW ZEALAND ORGAN DONATION REGISTRY



Updated 01-Jan-2002

DONOR DETAILS

1. DONOR NUMBER

6. GENDER 7. HEIGHT (cms) 8. WEIGHT (kg)

2. WAS DONOR
A = ACTUAL
B = INTENDED

9. RACIAL / ETHNIC ORIGIN

3. HOSPITAL AND STATE

10. RELIGION

4. DATE OF BIRTH

11. OCCUPATION

5. POSTCODE OF DONOR

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 C = Current
F = Former U = Unknown

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

CONSENT

28. Enrolled with Organ Donor Registry Y=Yes R=Not Registered A=Not Accessed

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. CONSENT SOUGHT FOR (Refer Codes)

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

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

Heart Beating or Non Heart Beating

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

19. BLOOD GROUP / HLA TYPING

Group A B DR

20. HEPATITIS AND OTHER VIROLOGY

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

C M V E B V
IgG IgG Other

34. ORGANS RETRIEVED (Refer Codes)

ORGANS	Y/N	IF NO (Code)	OTHER REASON	PRESERVATION					RETRIEVAL TEAM
				INITIAL	OTHER	SECOND	OTHER	STORAGE	
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									

21. DONOR MAINTENANCE POST BRAIN DEATH

Dopamine Y=Yes N=No Other (Specify) Y=Yes N=No

Dobutamine

Adrenaline

Noradrenaline

Aramine

Pitressin / DDAVP

Mean Arterial Blood Pressure (MAP) <50 mm Hg Y/N Duration (Hours)

22. TERMINAL TREATMENT IN OPERATING THEATRE

Heparin Y=Yes N=No

Mannitol

Methyl Prednisolone

Chlorpromazine

Prostacyclin (Pgi²)

Other (Specify)

23. KIDNEY DONOR

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

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 concⁿ 100% Values Y=Yes N=No

pH Chest Trauma

PaO₂ If Yes (Refer Codes)

PaCO₂

PEEP (cms) Other

24. LIVER DONOR

Alanine Transaminase (ALT) Enter Values

Aspartate Transaminase (AST)

Gamma Glutamyl Transferase (GGT)

Alkaline Phosphatase

Total Bilirubin

27. PANCREAS DONOR

Maximum Blood Sugar Level Y=Yes N=No Y=Yes N=No

>8 mmol/L Normal Amylase

35. DESTINATION

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

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 = Caucasian	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
51 = Small business owner	99 = Other (Specify)
52 = Management	

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, 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 Ig G, 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)

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

22. 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 donor values

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 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. CONSENT (Sought By)

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

33. 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.

34. 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 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 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.

35. 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