



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 C = Current
F = Former U = Unknown

17. ALCOHOL INTAKE >40 gms/day
C = Current N = Never
F = Former U = Unknown

CONSENT

28. Enrolled with Organ Donor Registry Y=Yes N=No

29. Signed Driver's Licence Y=Yes S=Not Applicable
N=No U=Unknown

30. Signed Donor Card Y=Yes S=Not Applicable
N=No U=Unknown

31. Sought By (Refer Codes) Other

32. Tx Coordinator Contact with Donor Family F=Face to Face
T=Telephone N=None

33. Coroner's Case Y=Yes N=No

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 DQ**

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

21. DONOR MAINTENANCE POST BRAIN DEATH

Y=Yes N=No

Dopamine Other (Specify) Y=Yes N=No

Dobutamine

Adrenaline **Terminal**

Noradrenaline Systolic Blood Pressure (mmHg)

Aramine

Pitressin / DDAVP Central Venous Pressure (mmHg)

22. TERMINAL TREATMENT IN OPERATING THEATRE

Y=Yes N=No

Heparin

Mannitol

Methyl Prednisolone

Chlorpromazine

Prostacyclin (Pgi²)

Other (Specify)

23. KIDNEY DONOR

Y=Yes N=No

	Admission	Terminal
Creatinine mmol/L		
Urea mmol/L		
Urine Output (mls / hr)		

Y/N Duration (Hours)

Systolic Hypotension <70 mm Hg

Oliguria in last 12 hours <20 mls / hr

25. HEART DONOR

Y=Yes N=No

Systolic Blood Pressure Maximum Y=Yes N=No

Normal ECG

26. LUNG DONOR

Y=Yes N=No

Arterial blood gas at inspired oxygen concⁿ 100%

Values	Y=Yes N=No
pH <input type="text"/>	Chest Trauma <input type="checkbox"/>
PaO2 <input type="text"/>	If Yes (Refer Codes) <input type="checkbox"/>
PaCO2 <input type="text"/>	
PEEP (cms) <input type="text"/>	Other

24. LIVER DONOR

Y=Yes N=No

Enter Values	Normal Y/N/X
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 Y=Yes N=No

Normal Amylase

34. 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				

35. ORGANS RETRIEVED (Refer Codes)

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

36. 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						