



# AUSTRALIA AND NEW ZEALAND ORGAN DONATION REGISTRY



Updated 1-Jan-2001

### 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 R=Not Registered A=Not Accessed

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. Donor 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 .....

### 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				

### 35. ORGANS RETRIEVED (Refer Codes)

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

### 21. DONOR MAINTENANCE POST BRAIN DEATH

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

Dopamine

Dobutamine

Adrenaline

Noradrenaline

Aramine

Pitressin / DDAVP

### 22. TERMINAL TREATMENT IN OPERATING THEATRE

Y=Yes N=No

Heparin

Mannitol

Methyl Prednisolone

Chlorpromazine

Prostacyclin ( Pgi<sup>2</sup> )

Other (Specify)

### 23. KIDNEY DONOR

Y=Yes N=No

Procurement Biopsy Performed

Y=Yes N=No

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

Maximum

Systolic Blood Pressure

Normal ECG

### 26. LUNG DONOR

Y=Yes N=No

Arterial blood gas at inspired oxygen conc<sup>a</sup> 100%

Values Y=Yes N=No

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

### 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						

**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, 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 = 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
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)
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

**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 R=Not Registered A=Not Accessed

**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 DONOR 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 of 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

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