



ANZDATA Registry

Living Kidney Donation Registry

Operative Data

DONOR DETAILS

LIVING DONOR NUMBER	DONOR SURNAME	DONOR GIVEN NAME	DATE OF BIRTH
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

DATE OF DONATION	Donor Facility	Donor MRN	Surgeon	RECIPIENT ANZDATA NUMBER	Transplant Facility
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

OPERATION DETAILS

WHICH KIDNEY	TYPE OF OPERATION	APPROACH	ARTERIES	VEINS	URETERS
<input type="text"/> L=Left R=Right	<input type="text"/> H=Hand Assisted L=Laparoscopic O=Open	<input type="text"/> E=Extraperitoneal R=Retroperitoneal T=Transperitoneal	<input type="text"/>	<input type="text"/>	<input type="text"/>

OTHER OPERATION DETAIL (Write In)

ADVERSE EVENTS

INFECTION	SITE	OTHER SITE (Write In)
<input type="text"/> Y=Yes N=No	(If Yes) <input type="text"/> L=Lung O=Other (Specify) U=Urine W=Wound	<input type="text"/>

POST OP URINE CULTURE?	INFECTION (If Yes)	ORGANISM	OTHER ORGANISM (Write In)
<input type="text"/> Y=Yes N=No	(If Yes) <input type="text"/> Y=Yes N=No	<input type="text"/> E=E.Coli K=Klebsiella N=Not Isolated O=Other (Specify) T=Enterococcus	<input type="text"/>

FURTHER ADVERSE EVENTS

FURTHER ADEVERSE EVENTS (Write In)

<input type="text"/> A=Ami D=Deep Vein Thrombosis H=Haemorrhage (Requiring Transfusion) N=None O=Other (Specify) P=Pulmonary Embolus	<input type="text"/>
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DISCHARGE

DAYS IN HOSPITAL	DISCHARGE CREATININE	HOSPITAL RESPONSIBLE FOR FOLLOWING UP DONOR FOR LONG-TERM COMPLICATIONS
<input type="text"/>	<input type="text"/>	<input type="text"/>
	($\mu\text{mol/L}$)	Facility MRN

COMMENTS