



AUSTRALIA AND NEW ZEALAND ORGAN DONATION REGISTRY



DONOR DETAILS

DONOR ID (EDR/OTHER) GENDER HEIGHT (cms) WEIGHT (kg)

DONOR STATUS RACIAL / ETHNIC ORIGIN

HOSPITAL AND STATE RELIGION

DATE OF BIRTH OCCUPATION

POSTCODE OF DONOR DEATH FACTORS / CIRCUMSTANCES LEADING TO DEATH

HEART BEATING Y/N

PAST MEDICAL HISTORY RISK FACTORS

DIABETES N=No Diabetes
P=Type II (Non Insulin Or Insulin Requiring)
T=Type I (Insulin Dependent)

PAST HISTORY OF TREATED HYPERTENSION Y=Yes N=No U=Unknown

SMOKING C=Current F=Former N=Never

PAST HISTORY OF CANCER Y=Yes N=No U=Unknown

If Yes, enter details for Past History of Cancer in Donor.

PAST HISTORY OF CANCER IN DONOR

Note : if more than 2 records, please use a separate cancer history form

Site of Cancer	Leave Blank	Histology	Date of Diagnosis	Treatment Types			Comments
				#	Type	Other	
				1			
				2			
				3			
				1			
				2			
				3			

BLOOD GROUP / HLA TYPING

Group A B DR

KEY EVENTS

Cardio/Pulmonary Resuscitation

HEART BEATING or DCD

	Day	Mth	Year	Time (24hr)
Admission to Hospital				
Ventilation				
Authorisation				
(DCD) WCRS				
(DCD) SBP ≤ 50 mmHg				
(DCD) Sa O2% < 50				
(DBD) Brain Death (2nd Test)				
(DCD) Declaration of Circulatory Cessation of Circulation				
Incision				
(DBD) Cross Clamp				
(DCD) Abdominal Cold Perfusion				
(DCD) Thoracic Cold Perfusion				
(DCD) Heart Cold Perfusion				
(DCD) Lung Cold Perfusion				

HEPATITIS AND OTHER VIROLOGY

Anti-HBcAb 1=Positive 2=Negative 3=Not Done 4=Unknown 5=Indeterminate 6=Pending

HBcAB IgM

HBsAb

HBsAg

NAT HBV

Anti-HCV

NAT HCV

Anti-HIV I/II

NAT HIV

EBV IgG

EBV IgM

EBNA

CMV IgG

CMV IgM

Anti-HTLV I/II

WNV

Syphilis

Toxo Ab IgG

Toxo Ab IgM

Chagas

Other

AUTHORITY TO DONATE

Enrolled with Organ Donor Registry RY=Registered as Yes RN=Registered as No NR=Not Registered NA=Not Accessed

Donor Specialist Contact with Donor Family F=Face To Face N=None T=Telephone

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

Coroner's Case Y=Yes N=No

Sought By (Refer Codes) Other _____

Authority for Research Organs / Tissue Y=Yes N=No

DONOR MAINTENANCE (POST BRAIN DEATH OR PRE-DCD)

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

Adrenaline

Dobutamine

Dopamine

Insulin

Methylprednisolone

Noradrenaline

Vasopressin

Other

TERMINAL TREATMENT

Antibiotics

Chlorpromazine

Frusemide

Heparin

Mannitol

Methylprednisolone

Nitroprusside

Other

KIDNEY DONOR

Y=Yes N=No

Creatinine mmol/L Admission Terminal

Urea mmol/L

Urine Output (mls/hr)

Procurement Biopsy Performed Y=Yes N=No

Oliguria in last 12 hours < 20 mls/hr Y/N

Duration (Hours)

LIVER DONOR

Y=Yes N=No

Alanine Transaminase (ALT)	Aspartate Transaminase (AST)	Gamma Glutamyl (GGT)	Alkaline Phosphatase (ALP)	Total Bilirubin
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

PANCREAS DONOR

Y=Yes N=No

Maximum Blood Sugar Level >8 mmol/L Y=Yes N=No

Normal Amylase or Lipase <80 U/L Y=Yes N=No

HEART DONOR

Y=Yes N=No

Normal ECG Y=Yes N=No

If Echocardiogram Was Done

Normal Echocardiogram Y=Yes N=No

LUNG DONOR

Y=Yes N=No

Bronchoscopy Y=Yes N=No

pH	PaO2	PaCO2	PEEP (cms)	FiO2 (%) oxygen conc ⁿ
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Chest Trauma Y=Yes N=No

If Yes (Refer Codes) Other _____

DONOR - ACTUAL OR INTENDED

A=Actual Organ Donor
An organ donor is a person for whom the organ retrieval procedure commenced in the operating room (with surgical incision) for the purpose of transplantation. This includes donors who may have been deemed medically unsuitable during surgery or after the removal of organs.

C - Intended - DBD planned pathway
D - Intended - DCD planned pathway
E - Intended - not determined pathway
An intended organ donor is a person for whom the donation work was initiated as evidenced by both:
1) Formal written consent undertaken, including consent for donation of specific organ+/-tissues, and
2) Blood for tissue typing sent with allocation of a donor number; but donation did not proceed.

ORGANS / TISSUE	AUTHORITY SOUGHT FOR (Refer Codes)				ORGANS / TISSUES RETRIEVED (Refer Codes)								Retrieval Team	
	AUTHORITY SOUGHT Y/N	IF NO (Code)	OTHER REASON	AUTHORITY OBTAINED Y/N	RETRIEVED Y/N	IF NO (Code)	OTHER REASON	PRESERVATION				SOLUTION IN ORGAN AT STORAGE		
								INITIAL	OTHER	SECOND	OTHER	Solution Code		OTHER
DONOR ID (EDR/OTHER):														
Left Kidney	11													
Right Kidney	12													
Liver	20													
Heart	30													
Left Lung	41													
Right Lung	42													
Pancreas	50													
Intestine	55													
Stomach-Intestines	56													
Eyes - Whole	100													
Eyes - Corneas Only	101													
Musculoskeletal - Arm	103													
Musculoskeletal - Leg	104													
Pelvic	105													
Cardiovascular Tissue	90													
Skin	102													
Vessels - Abdomen	107													
Vessels - Thoracic	108													
Vessels - Leg	109													
Other (Specify)	99													

DESTINATION

ORGANS / TISSUES	HOSPITAL AND STATE	OUTCOME		RECIPIENT SURNAME	GIVEN NAME	REGISTRY NUMBER	DATE OF OPERATION	Multiple Organ Recipient
		CODE	OTHER					
Left Kidney	11							
Right Kidney	12							
Double/En-bloc Kidney	13							
Liver	20							
Split Liver (L)	21							
Split Liver (R)	22							
Heart	30							
Left Lung	41							
Right Lung	42							
Double Lung	40							
Pancreas	50							
Pancreas Islets	51							
Intestine	55							
Stomach-Intestines	56							
Eyes - Whole	100							
Eyes - Corneas Only	101							
Musculoskeletal - Arm	103							
Musculoskeletal - Leg	104							
Pelvic	105							
Cardiovascular Tissue	90							
Skin	102							
Vessels - Abdomen	107							
Vessels - Thoracic	108							
Vessels - Leg	109							
Other (Specify)	99							

ADDITIONAL COMMENTS: