

ANZDATA Registry

Form **SU**

Surgical Details Form

(Transplant Anastomosis)

This form is additional to the main data form

Please complete this form as close to the time of the kidney transplant or post operatively. Send data to the ANZDATA Registry by fax +61 8 8128 4769 or scan and email to anzdata@anzdata.org.au

Seria data to the A	NZDATA Registry	by lax +01 0 0120	4703	Ji Scall all	u eman	io arizuata @ arizuata.org.au	
ANZDATA Patient ID	Graft No. I	DATE OF TRANSPLA	NT	SURGEON	1		
<u> </u>							
Patient Surname				Kidney:	Left	Right	
Patient Given Name		atient label here		Danam	DDD		
Facility MRN				Donor:	DBD	DCD LKD	
Transplant Facility				LKD Donor	Relation	ship to Recipient:	
Surgical Details (Please tick a box per line)							
	Left (L) R	ight (R)					
Anastomosis Site							
Arterial	CIA EIA	A IIIA	Ac	orta	Other	(specify)	
Venous	EIV O	ther (specify) -					
Cava Extension	Yes No	o					
Aortic Patch	Yes No	0					
Anastomosis Time	sh (e.	ould include any time a	after re. blanke	moval from et or a sock	cold stor for insula	e to reperfusion of the kidney. This age whether or not insulation is used tion during the creation of the arterial minutes.	
Assessment codes							
Arterial Codes 1=Common Iliac Artery (CIA) 2=External Iliac Artery (EIA) 3=Internal Iliac Artery (IIA) 4=Aorta 99=Other (Specify) Venous Codes 1=External Iliac Vein (EIV) 99=Other (Specify)	100=Deceased 200=Sister 201=Brother 202=Mother 203=Father 204=Monozygotic 205=Monozygotic 206=Dizygotic (No	on-Identical Twin Boy)	302=F 303=F 304=N 305=F 306=S 307=S 308=S 310=S 311=E 312=E 313=S	dusband Partner Fiancée Mother-in-lav Stepmother Stepfather Stepsister Stepbrother Sister-in-law Brother-in-law Oaughter-in-law	v w law	401=Non-directed, waiting list 402=Non-directed, kidney exchange 403=Directed kidney exchange 404=Pathological 405=Other unrelated (Specify)	
	214=Nephew 215=Aunt			314=Stepdaughter 315=Stepson 316=Friend 317=Other related (Emotionally - Specify)			

217=Other related (Genetically - Specify)