

Heart Quality Form

DSO Donor number:	Donor Center/Region:
ET Donor number:	Fax Number:
Donor age:	Procurement Center/Region:

Transplant Center:				TP	Date of Transplant:			
						DD	MM	YYYY
Recipient Number:								

Subjective general evaluation of organ:	good	<input type="checkbox"/>	moderate	<input type="checkbox"/>	acceptable	<input type="checkbox"/>
Cold ischemia time:			hrs.			min.
Initial organ function:	good	<input type="checkbox"/>	moderate	<input type="checkbox"/>	bad	<input type="checkbox"/>
Rhythm:	primary sinus rythm	<input type="checkbox"/>	arhythmic	<input type="checkbox"/>	pacer necessary	<input type="checkbox"/>
Problems:	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>		

If "Yes", please continue

Quality of package:	Number of bags		Leakage	<input type="checkbox"/>	Low amount of fluid	<input type="checkbox"/>
	Organ frozen	<input type="checkbox"/>	Others:			
Coronary sclerosis:	LAD		none	<input type="checkbox"/>	some	<input type="checkbox"/>
	CX		none	<input type="checkbox"/>	some	<input type="checkbox"/>
	RCA		none	<input type="checkbox"/>	some	<input type="checkbox"/>
Contusions marks:			Yes	<input type="checkbox"/>		

Anatomical description:	Left atrium	cut open	<input type="checkbox"/>	intact	<input type="checkbox"/>
	Right atrium	length SVC		length IVC	
	Aorta	length			
	Pulmonary Artery	length			

Name of transplant surgeon:	Signature
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Please fax to: Donor Region (see above)
Deutsche Stiftung Organtransplantation