

Kidney 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:								

KIDNEY	right	<input type="checkbox"/>	left	<input type="checkbox"/>	en bloc	<input type="checkbox"/>
Subjective general evaluation of organ:	good	<input type="checkbox"/>	moderate	<input type="checkbox"/>	acceptable	<input type="checkbox"/>
Cold ischemia time:			hrs.			min.
Intraoperative urine production:	good	<input type="checkbox"/>	moderate	<input type="checkbox"/>	none	<input type="checkbox"/>
Color after reperfusion:	homogeneous	<input type="checkbox"/>	marbled	<input type="checkbox"/>	dark blue	<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:			
Arterial problems:	no patch	<input type="checkbox"/>	Cut in artery	<input type="checkbox"/>	Intimal lesion	<input type="checkbox"/>
	Additional Art.		Others:			
Venous problems:	too short	<input type="checkbox"/>	Cut in vein	<input type="checkbox"/>		
	Multiple veins		Others:			
Ureteral problems:	too short	<input type="checkbox"/>	Cut in ureter	<input type="checkbox"/>	Devascularized	<input type="checkbox"/>
	Others:					
Quality of Parenchyma:	decapsulated	<input type="checkbox"/>	Partially decapsulated	<input type="checkbox"/>	Tumor	<input type="checkbox"/>
	Others:					
Biopsy:	no	<input type="checkbox"/>	yes	<input type="checkbox"/>	(Copy of the report)	
Additional remarks:						

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