

## Liver 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:								

LIVER	whole	<input type="checkbox"/>	left split	<input type="checkbox"/>	right split	<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.
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:
Venous problems:
Portal problems:
Bileduct problems:
Quality of parenchyma:
Additional remarks:

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