Lung 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:							

LUNG:	**right** ☐	**left** ☐	**Double lung** ☐	
Subjective general evaluation:	good ☐	moderate ☐	acceptable ☐	
Right Lung:				
Cold ischemia time:	hrs.	min.	**Anastomosis:**	min.
Left Lung:				
Cold ischemia time:	hrs.	min.	**Anastomosis:**	min.
Initial Organ Function:	good ☐	moderate ☐	bad ☐	
Reperfusion injury:	none ☐	moderate ☐	severe ☐	
Problems:	**Yes** ☐	**No** ☐		

If "Yes", please continue

Quality of package:	Number of bags	Leakage ☐	Low amount of fluid ☐
	Organ frozen ☐	Others:	

Lungs:		**right**	**left**
Inflation status:	overinflated	☐	☐
	bad	☐	☐
Perfusion status:	homogeneous	☐	☐
	medium	☐	☐
	bad	☐	☐
Atelectasis:	right/left upper lobe yes	☐	☐
	right/left lower lobe yes	☐	☐

Anatomical description:	Atrial cuff	☐	☐
	Aorta attached	☐	☐

Name of transplant surgeon:	Signature

Please fax to: Donor Region (see above)
Deutsche Stiftung Organtransplantation