

## Pancreas 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:								

PANCREAS	with	<input type="checkbox"/>	without duodenum	<input type="checkbox"/>
Cold ischemia time:			hrs.	min.
Anastomosis:				min.
Subjective general evaluation of organ:	good	<input type="checkbox"/>	moderate	<input type="checkbox"/>
			acceptable	<input type="checkbox"/>
Intraoperative pancreatic juice production:	good	<input type="checkbox"/>	moderate	<input type="checkbox"/>
			none	<input type="checkbox"/>
Initial Organ Function:	good	<input type="checkbox"/>	moderate	<input type="checkbox"/>
			bad	<input type="checkbox"/>
State of Perfusion:	normal	<input type="checkbox"/>	marbled	<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:

Duodenal problems:

Quality of Parenchyma:	decapsulated	<input type="checkbox"/>	Partially decapsulated	<input type="checkbox"/>	Tumor	<input type="checkbox"/>	Scars	<input type="checkbox"/>
	Others:							

Additional remarks:

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