

Witness Statement Ref. No.

098/1

NAME OF CHILD: Adam Strain

Name: R A Risdon

Title: Emeritus Professor of Paediatric Pathology.
Consultant Paediatric Forensic Pathologist

Present position and institution:

Consultant Forensic Paediatric Pathologist. I am a partner in Forensic Pathology Services and hold an honorary Consultant contract with Gt Ormond Street Children's Hospital

Previous position(s) and institution(s):

Professor of Paediatric Pathology at GOS until my retirement in 2004

Membership of Advisory Panels and Committees:

None

Previous Statements, Depositions and Reports:

N/A

OFFICIAL USE:

List of reports attached:

Ref:

Date:

In response to the queries posed to me:

1(i) The presence of 'ghost' cells does not allow greater precision in stating when infarction occurred.

I refer to my statement of 2nd June 2006 (20) in which I comment that the changes seen in the transplanted kidney are more advanced than would be expected after only 24 hours of non-perfusion suggesting that the transplanted kidney had suffered significant ischaemic damage before insertion. This is supported by the fact that the other kidney from the same donor failed to function when transplanted to another recipient in Glasgow. However, the histological appearances do not provide an accurate time scale to say how long before insertion the damage had occurred.

1(ii) All these statements refer to clinical issues outside my competence to answer.

2 (i) My record shows that I returned the material submitted to me (34 blocks marked F46728 and 14 slides) on the 9th December 2006. The special stains referred to were applied before I saw them and I do not have a record of what they might have been. I assume, but have no way of confirming, that these were the same slides as those seen by Professor Berry.

2(ii) I cannot comment on this point so long after the event, but I do see any relevance it might have to interpreting the changes.

2(iii) I did not apply the stains, My opinion is based on what I saw at the time.



Professor RA Risdon MD FRCPATH DMJ
Dept Histopathology
GOS Hospital for Children NHS Trust
London WC1N 3JH

February 22nd 2011

THIS STATEMENT IS TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF

Signed:

Dated:

DECLARATION OF INTEREST FORM

TO Anne Dillon
Solicitor to the Inquiry

FROM

I confirm that I have read the list set out below and have marked on the attached sheet those individuals with whom and (where those individuals represent an organisation, firm or government department) that organisation, firm or government department with which I declare an interest:

I confirm that: (please delete as appropriate)

a) I have disclosed on an attached sheet the existence and particulars of any personal or professional interest that I have had with the following individuals and organisations:

~~Dr. Maurice Savage
Dr. Mary O'Connor
Dr. Robert Taylor
Dr. Terence Montague
Mr. Patrick Keane
Mr. Stephen Brown~~

~~The RBHSC and its administrators and management, including Dr. G. A Murnaghan, Dr. J. Gaston, Dr. S. McKaigue, Dr. P.M. Crean
Belfast Health and Social Services Care Trust formerly the Royal Group of Hospitals and Dental Hospital Health and Social Services Trust~~

"Professional interest" includes contact through collaboration on research, other investigations and committee work.

b) I have no such interest to declare

I acknowledge that I am under a continuing duty to declare any personal or professional interest with those listed above that may arise hereafter.

SIGNED:



DATE : 22 Feb 2011

**NOTE FOR PROFESSOR RUPERT RISDON
RE: ADAM STRAIN**

Background

1. Adam Strain, Claire Roberts, Raychel Ferguson and Conor Mitchell are 4 children who are the subject of a public Inquiry established under Article 54 of the Health and Personal Social Services (Northern Ireland) Order 1972 and being conducted in Northern Ireland by John O'Hara QC. The current terms of reference of the Inquiry are:

To hold an Inquiry into the events surrounding and following the deaths of Adam Strain and Raychel Ferguson, with particular reference to:

1. The care and treatment of Adam Strain and Raychel Ferguson, especially in relation to the management of fluid balance and the choice and administration of intravenous fluids in each case.
2. The actions of the statutory authorities, other organisations and responsible individuals concerned in the procedures, investigations and events which followed the deaths of Adam Strain and Raychel Ferguson.
3. The communications with and explanations given to the respective families and others by the relevant authorities.

In addition, Mr O'Hara will:

- (a) Report by 1 June 2005 or such date as may be agreed with the Department, on the areas specifically identified above and, at his discretion, examine and report on any other matters which arise in connection with the Inquiry.
- (b) Make such recommendations to the Department of Health, Social services and Public Safety and report on any other relevant matters which arise in connection with the Inquiry.
- (b) Make such recommendations to the Department of Health, Social Services and Public Safety as he considers necessary and appropriate.

The cases of Claire Roberts and Conor Mitchell have been added to the Inquiry's work by the Chairman under his discretionary power to examine and report on any other matters which arise in connection with the Inquiry

2. Adam Strain was born on 4th August 1991 with cystic, dysplastic kidneys with associated problems with the drainage of his kidneys related to obstruction and vesicoureteric reflux. He was referred to the Royal from the Ulster Hospital in Dundonald. He died on 28th November 1995 in the Royal following kidney transplant surgery on 27th November 1995 from which he never recovered consciousness.

3. The Inquest into his death was conducted on 18th and 21st June 1996 by John Leckey the Coroner for Greater Belfast, who engaged as experts: (i) Dr. Edward Sumner Consultant Paediatric Anaesthetist at Great Ormond Street Hospital for Sick Children ("Great Ormond Street"); (ii) Dr. John Alexander Consultant Anaesthetist at Belfast City Hospital; and (iii) Professor Peter Berry of the Department of Paediatric Pathology in St. Michael's Hospital, Bristol. The Inquest Verdict identified cerebral oedema as the cause of his death with dilutional hyponatraemia as a contributory factor.
4. An investigation was subsequently carried out into the death of Adam Strain and the other children (save for Conor Mitchell) by the Police Service of Northern Ireland ("PSNI"). The PSNI engaged a number of Experts to assist them with their investigation into Adam's death. In addition to you, they also engaged Dr. Edward Sumner, Consultant Paediatric Anaesthetist and Mr. Geoff Koffman, Consultant Surgeon at Guy's & St. Thomas Hospital and Great Ormond Street.
5. All of the Experts engaged by the Coroner and the PSNI produced Reports.

The Inquiry

6. The Inquiry has appointed a Panel of Advisers¹ to assist it in its investigations in respect of the children. It has also engaged Experts to deal with a number of discrete issues that are child-specific. The work of all the Inquiry's Advisers is peer reviewed by a team of international Experts.²
7. Issues have arisen concerning the donor kidney that was transplanted into Adam. Those issues first arose during the Inquest and continued to be addressed during the investigation by the PSNI. The references to them in the Depositions, Witness Statements and Reports may be summarised as:

- (1) Mr. Patrick Keane (Consultant Urologist) records in the Clinical History, Examination and Progress Report (which he signs

¹ Dr. Peter Booker (Paediatric Anaesthesia), Dr. Harvey Marcovitch (Paediatrics), Ms. Carol Williams (Paediatric Intensive Care Nursing), and Gren Kershaw (Health Service Management and Patient Safety)

² Professor Allen Arieff at the University of California Medical School in San Francisco (Internal Medicine & Nephrology), Dr. Desmond Bohn of the Critical Care Unit at the Hospital for Sick Children in Toronto (Paediatric Anaesthesia), Ms. Sharon Kinney at the Intensive Care Unit and Clinical Quality and Safety Unit at the Royal Children's Hospital in Melbourne (Paediatric and Intensive Care Nursing)

sometime before 1205 on 27th November 1995): *"Kidney perfused reasonably well at end"*³

He expands upon that in a letter dated 11th December 1995 to the Complaints Officer at the Belfast City Hospital that the kidney: *"perfused quite well initially and started to produce urine. At the end of the procedure it was obvious that the kidney was not perfusing as well as it had initially done but this is by no means unusual in renal transplantation"*⁴ See also his Deposition of 18th June 1996.⁵

In his Inquiry Statement of 20th June 2005 he states: *"At the completion of the surgery, the transplanted kidney had pulsatile flow in the artery and was perfusing"*. However, he goes on to state (which he had not done during the Inquest) that he left the theatre 10 minutes before the end of the anaesthesia and that Mr. Stephen Brown (Consultant Paediatric Surgeon), who was assisting him, closed the wound.

In his Statement to the PSNI on 7th September 2006 he states that: *"Initially the kidney that was transplanted into Adam perfused very well; after the kidney was placed in situ the kidney perfused less well but adequately; I could still feel blood flow in the renal artery. It is also my recollection that a little urine was produced before the ureter was connected to the bladder."*⁶

- (2) Mr. Stephen Brown (Consultant Paediatric Surgeon, retired) stated in his Report for Dr. George Murnaghan (Director of Medical Administration) of 20th December 1995 that the *"perfusion of the kidney was satisfactory, although at no stage did it produce any urine"*⁷

For reasons that are unclear, he did not give evidence at the Inquest but his Inquiry Witness Statement of 15th July 2005 states that: *"Following the vascular anastomosis the kidney appeared healthy and was good colour. My recollection was that it did not produce any urine during the course of the operation."*

In his statement to the PSNI he states: *"The kidney was a good colour, from what I can remember the kidney turned pink in colour when it was transplanted and the blood was put through it. As far as I can remember the kidney remained pink in colour"*. He acknowledged the difference between his account and that of Mr. Patrick Savage

³ See ref: 058-035-135 at Tab. 1 of the accompanying File

⁴ See ref: 011-026-127 at Tab. 2 of the accompanying File

⁵ See ref: 011-013-093 at Tab. 3 of the accompanying File

⁶ See ref: 093-010-029 at Tab. 4 of the accompanying File

⁷ See ref: 059-060-145 at Tab. 5 of the accompanying File

about the production of urine, claiming that he could not explain it: *"I may be wrong about the urine. Though as far as I recall no urine was ever produced"*.⁸

- (3) Dr. Robert Taylor refers in his Deposition of 21st June 1996 to the process of the calculation of fluids for Adam being *"complicated by the fact that the donor kidney did not appear well perfused after an initial period of apparently good kidney perfusion"*⁹

In his evidence during the Inquest he states: *"The new kidney did not work leading to a re-assessment of the fluids given. This made us think we have underestimated fluid and we gave a fluid bolus at 9.32."*¹⁰

He expands upon that in the summary of his taped PSNI interview on 17th October 2006 that he gave under caution, which records: *"he was aware that the kidney did not 'pink up' easily and the impact on Dr. Taylor was to re-assess his fluids and worry that he was still in deficit and despite his best efforts that he had failed to increase the blood volume enough to perfuse the kidney. Dr. Taylor could not recall if the new kidney produced urine."*¹¹

- (4) Nurse Gillian Popplestone (Registered Sick Children's Nurse) stated in her PSNI Statement of 31st January 2006 that: *"I also recall the surgeons discussing possible discolouration of the kidney at the time of the transplant. This concern appeared to subside as the operation progressed."*¹²
- (5) Dr. Mary O'Connor (Consultant Paediatric Nephrologist) who was present towards the end of Adam's surgery stated in her PSNI Statement that: *"I have recorded that the kidney was 'bluish' at the end of theatre"*.¹³ See the Clinical History, Examination and Progress Report, which she signed on 27th November 1995,¹⁴ which also records: *"0 from tx kidney"*.¹⁵ See also Eleanor Donaghy (Transplant Co-ordinator) who completed section 11 of the Kidney Donor Information Form recording at section 8, *"widely separated patch"* which was amended (but not by her) to *"widely separated arteries on 1 patch"*.¹⁶

⁸ See ref: 093-011-032 at Tab. 6 of the accompanying File
⁹ See ref: 011-014-097 at Tab. 7 of the accompanying File
¹⁰ See ref: 011-014-108 at Tab. 7 of the accompanying File
¹¹ See ref: 093-035-108 at Tab. 8 of the accompanying File
¹² See ref: 093-012-040 at Tab. 9 of the accompanying File
¹³ See ref: 093-020-059 at Tab. 10 of the accompanying File
¹⁴ See ref: 058-035-136 at Tab. 11 of the accompanying File
¹⁵ See ref: 058-035-137 at Tab. 11 of the accompanying File
¹⁶ See ref: 093-015-048 at Tab. 12 of the accompanying File

- (6) Dr. Alison Armour, who carried out the autopsy on Adam at 2.40pm on 29th November 1995, the day after his death, states that there was *"complete infarction"* of the transplanted kidney.¹⁷
- (7) Professor Peter Berry (Consultant Paediatric Pathologist in the University of Bristol) states in his Report for the Coroner dated 23rd March 1996 that the: *"transplant kidney was infarcted (dead). The extent of the change suggested that this occurred at or before the time of transplantation."*¹⁸ See also the letter from Professor Berry to the Coroner dated 25th March 1996 and his statement that *"I doubt this kidney would ever have functioned"*.¹⁹ See further his PSNI Statement on 22nd March 2006 in which he explains his statement to the Coroner: *"By this I mean the microscopic changes were sufficiently well established that I estimated that the damage had occurred about 2 days previously, before or around the time of transplantation"*.²⁰
- (8) Mr. Richard Donaldson (Renal Surgeon at Belfast City Hospital) comments in a report that seems to have been prepared for Adam's family: *"there is also back bleeding from the renal vein which could be thought to be proper perfusion – a few drops of urine from the ureter can sometimes be mistaken for early production of urine and is in fact residual donor renal pelvic fluid expressed on renal handling"*.²¹
- (9) Adam's medical notes and records for the surgery are 3 pages at Ref: 059-006-012 to Ref: 059-006-014. They include the record that *"vascular anastomosis"* occurred at about 1030 on 27th November 1995, the renal transplant surgery having commenced at about 0800.²²
- (10) Melanie Charman (Data Service Manger, Data Services – NHSBT) states in her letter dated 3rd June 2010 to the Inquiry that: *"The other kidney was transplanted on 26.11.95 but failed due to poor recipient arteries, which were very thin and attenuated an 'infection of graft' was recorded as the cause of death but there was no evidence of infection within the graft although he did have post-operative pyrexia. Subsequent scans showed that the kidney was not adequately perfused and the kidney was removed after about a week"*²³
8. You provided a Report to the PSNI dated 2nd June 2006 in which you state that: *"In my opinion the transplanted kidney must have suffered*

¹⁷ See ref: 011-010-040 at Tab. 13 of the accompanying File
¹⁸ See ref: 011-007-022 at Tab. 14 of the accompanying File
¹⁹ See ref: 011-053-187 at Tab. 15 of the accompanying File
²⁰ See ref: 093-030-079 at Tab. 16 of the accompanying File
²¹ See ref: 094-013-066 at Tab. 17 of the accompanying File
²² See ref: 059-006-012 at Tab. 18 of the accompanying File
²³ See ref: INQ-0179-10 at Tab. 19 of the accompanying File

significant ischaemic damage prior to its insertion for this degree of ischaemic damage to be apparent at post-mortem” and “This opinion is supported by the fact that the other kidney from the same donor failed to function when transplanted to a different patient in Glasgow.²⁴ This would suggest that both kidneys from this donor had suffered significant ischaemic damage before transplantation.”²⁵

Queries

9. The Inquiry seeks clarification of a number of matters arising out of your Report for the PSNI dated 2nd June 2006²⁶
- (1) *“The letter of instruction ... contained the specific request that I examine the tissue samples provided to indicate to the Police whether it was possible to state with any certainty the time of infarction of the donor kidney...”*

Transplant Kidney

Sections show complete coagulative necrosis of the graft. The basic renal architecture is recognisable in “ghost” form, but the proximate tubular cells are completely necrotic and lack nuclei. In the glomeruli, some distal tubules and some blood vessels pyknotic nuclear material is still visible... 2. In my opinion the changes seen in the transplant kidney are more advanced than would be expected after only 24 hours of non-perfusion. 3. In my opinion, the transplanted kidney must have suffered significant ischaemic damage prior to its insertion for this degree of ischaemic damage to be apparent at post-mortem 4. This opinion is supported by the fact that the other kidney from the same donor failed to function when transplanted to a different patient in Glasgow. This would suggest that both the kidneys from this donor had suffered significant ischaemic damage before transplantation.”

- (i) Given the “ghost”-like appearance of the donor kidney tissue, explain and define how accurately you can state when the infarction occurred.
- (ii) Can you comment on the statements in the attached documents in relation to:

²⁴ The Inquiry has a letter dated 29th March 2005 from the Information Manager at UK Transplant which states that: *“we were notified that the transplant of the second kidney, which took place on 26 November 1995, had failed on day of transplant due to infection of the graft”*. However, Professor Risdon refers in his Report to a letter from the Director of Renal Transplantation at Greater Glasgow NHS. The Inquiry does not have that letter but will seek a copy of it.

²⁵ See ref:093-031-083 at Tab. 20 of the accompanying File

²⁶ See ref: 093-031-083 at Tab 20 of the accompanying File

- (a) Perfusion of the donor kidney
 - (b) Colour of the donor kidney
 - (c) Non-production or production of urine by the donor kidney
 - (d) Existence or not of pulsatile flow in the donor kidney
 - (e) Time of donor kidney death
- (2) The PSNI statement from Adrian McConville (Biomedical Scientist, State Pathologist Department) dated 15th May 2006 states that 2 kidney tissue blocks were taken from Adam.²⁷ A letter to Professor Berry dated 22nd December 1995 from Alison Armour (State Pathologist) stated that he was furnished with "copy slides from the case".²⁸ Professor Berry states in his Report that he "examined 15 stained microscope slides taken at the time of Adam Strain's post-mortem examination".²⁹ You have stated in your Report that the material provided to you included "[a] number of tissue samples from the post-mortem examination mounted in paraffin wax. These included sections of the 'native' kidneys as well as a section of the transplant" and "Multiple sections have been cut from the blocks of tissue from the two 'native' kidneys and the transplant kidney. A variety of special stains have been applied to these tissues"³⁰
- (i) Specify the "number of tissue samples from post-mortem examination mounted in paraffin wax" that you received
 - (ii) State whether you can confirm that the "stained microscope slides" referred to by Professor Berry were from the same site as the "tissue samples ... mounted in paraffin wax [including] a section of the transplant" in respect of the donor kidney to which you refer.
 - (iii) Describe what information you sought/was given to you in respect of the site of those "tissue samples" in relation to the transplanted kidney
 - (iv) Describe and explain the "special stains" which were applied to those tissues and your reasons for using them.

²⁷ See ref: 093-029-078 at Tab. 21 of the accompanying File

²⁸ See ref:011-029-151 at Tab. 22 of the accompanying File

²⁹ See ref:011-007-021 at Tab. 23 of the accompanying File

³⁰ See ref:093-031-082 at Tab. 20 of the accompanying File

DECLARATION OF INTEREST FORM

TO Anne Dillon
 Solicitor to the Inquiry

FROM

I confirm that I have read the list set out below and have marked on the attached sheet those individuals with whom and (where those individuals represent an organisation, firm or government department) that organisation, firm or government department with which I declare an interest:

I confirm that: (please delete as appropriate)

a) I have disclosed on an attached sheet the existence and particulars of any personal or professional interest that I have had with the following individuals and organisations:

Dr. Maurice Savage

Dr. Mary O'Connor

Dr. Robert Taylor

Dr. Terence Montague

Mr. Patrick Keane

Mr. Stephen Brown

The RBHSC and its administrators and management, including Dr. G. A Murnaghan, Dr. J. Gaston, Dr. S. McKaigue, Dr. P.M. Crean

Belfast Health and Social Services Care Trust formerly the Royal Group of Hospitals and Dental Hospital Heath and Social Services Trust

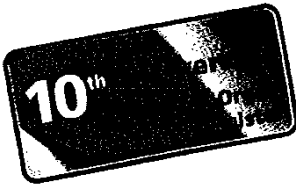
"Professional interest" includes contact through collaboration on research, other investigations and committee work.

b) I have no such interest to declare

I acknowledge that I am under a continuing duty to declare any personal or professional interest with those listed above that may arise hereafter.

SIGNED:

DATE :



UK Transplant

Fox Den Road
Stoke Gifford
Bristol
BS34 8RR

Tel: 0117 975 7575
Fax: 0117 975 7577

www.uktransplant.org.uk

Our Ref: ACM\calt\2005\march\f_chamberlain

Fiona Chamberlain
Solicitor to the Inquiry
The Inquiry into Hyponatraemia-related Deaths
3rd Floor
20 Adelaide Street
BELFAST
BT2 8GB

29 March 2005

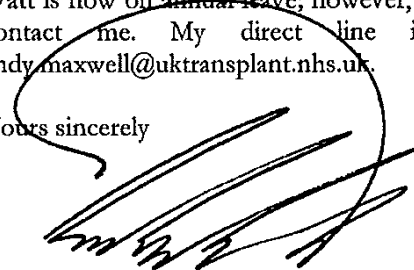
Dear Ms Chamberlain

Thank you for your letter dated 18 March 2005.

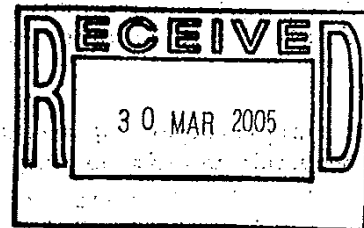
From the records we hold I can confirm that the donor of the kidney received by Adam Strain donated a second kidney, which was retrieved and used in transplantation. We follow up all transplants at 3 months post transplant and at that time we were notified that the transplant of the second kidney, which took place on 26 November 1995, had failed on day of transplant due to infection of the graft. At the time of reporting this information to us the hospital at which the transplant was performed reported that the recipient was alive.

I hope that this information is of use to you in your capacity as solicitor to the Inquiry. Judy Watt is now on annual leave; however, if you require any further information please feel free to contact me. My direct line is 0117 9757474 and my email address is andy.maxwell@uktransplant.nhs.uk.

Yours sincerely



Andy Maxwell on behalf of Judy Watt
Information Manager



A special health authority covering the UK





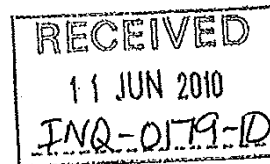
Blood and Transplant

Anne Dillon
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3rd June 2010



Re: Kidney Transplant – Id no: 62393

Dear Mrs. Dillon,

Thank you for your letter dated the 21st May 2010 requesting further information for the above inquiry, please find below the answers to your questions:-

1. The date and time both kidneys were removed from the donor at Glasgow Southern General Hospital.

The kidneys were removed on the 26. 11. 95 unfortunately the time of removal has not been recorded on the documentation we hold but the time of perfusion for both kidneys was 01.42. The kidney accepted for Adam Strain was removed from ice at 08.30 and the kidney was re perfused at 10.30am on the 27.11.95

2. Whether any damage to the kidney Adam Strain received was noted on removal by Mr. John Casey or any other member of the retrieval team.

Our records do not record any damage to the kidney prior to the kidney leaving the donor hospital. Kidney damage was noted on receipt of the kidney at the transplant unit on the 27.11.95 by E. Donaghy

3. The date and time that the Royal Belfast Hospital for sick children was informed that there was a donor kidney available for Adam Strain.

We do not hold records of the offer of these organs. It was prior to 1997 when everything was in paper format and we have no record of this offer other than who the organs were allocated to, the units/hospitals involved would have dealt with the offering themselves. You might write to the Glasgow Southern Hospital to see if they have a record of when they offered the kidneys out.

4. The information that the RBHSC was given at that time, in particular with regard to the cold ischaemic time of the donor kidney.

We do not have any record of the cold ischaemic time for the kidney that Adam Strain received, however the report from the Director of Renal Transplantation for the second kidney that Gerard Robertson received states that the kidney was ischaemic throughout and infarcted at the time of removal.

NHS Blood and Transplant is a Special Health Authority within the NHS.



Blood and Transplant

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Stoke Gifford
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Tel: 0117 975 7575
Fax: 0117 975 7577
www.nhsbt.nhs.uk

5. Whether the kidney received was sent to any other transplant centre before Belfast, together with the time of dispatch to the RBHSC.

We do not hold any information regarding the offer as previously stated I would suggest writing to Glasgow Southern General Hospital (John Casey was the Surgeon who removed the kidneys)

6. Details of any cross-matching tests performed prior to dispatch of the kidney to the recipients transplant centre. Thereafter, any information regarding further cross-matching tests performed at the RBHSC.

Cross-matching material accompanying the organ:-
Lymph node, Spleen.

Additional information provided regarding the heart, lungs, liver + cornea also retrieved
We have no information of any further cross-matching carried out by the recipient centre

7. The date and time of the transplant of the other donor kidney into Gerard Robertson. In addition provide a copy of the kidney donor information form in relation to this kidney.

The other kidney was transplanted on the 26.11.95 but failed due to poor recipient arteries, which were very thin and attenuated an 'infection of graft' was recorded as the cause of death but there was no evidence of infection within the graft although he did have post-operative pyrexia. Subsequent scans showed that the kidney was not adequately perfused and the kidney was removed after about a week, the donor was still alive at the three month follow up.

There was no record of infection recorded for either kidney when they were removed from the donor at Glasgow Southern General Hospital.

Please find attached a copy of the donor information form.

I hope this information is satisfactory if I can be of any further assistance please do not hesitate to contact me.

Kind regards

Melanie Charman
Data Service Manager
Data Services - NHSBT
Melanie.charman@nhsbt.nhs.uk

NHS Blood and Transplant is a Special Health Authority within the NHS.

21 MAR 2005

012040



KIDNEY DONOR INFORMATION FORM

Directions: This form is to be completed by the donor or a family member. It is to be submitted to the transplant centre. This form is to be kept with the donor's medical records. This form is to be kept with the donor's medical records. This form is to be kept with the donor's medical records.

N^o 024089

THIS NUMBER MUST ACCOMPANY THE ORGAN IN TRANSIT AND THE NUMBER ENTERED ON FORM B.

SECTION I TO BE COMPLETED AT THE DONATING CENTRE

For UKTSSA use

1. Retrieving Centre WESTERN INFIRMARY - GLASGOW

2. Kidneys Removed By JOHN CUSEY

3. Donor SURNAME [REDACTED]

4. Donor FORENAME [REDACTED]

5. Donor Hospital SOUTHGATE GENERAL HOSPITAL - GLASGOW

6. Donor Sex 1. male 2. female

7. Donor Date of Birth (unknown = 99/99/9999) 25 06 19 71

If UNKNOWN, please give Donor Age (if under 3 years record years and months)

8. Donor Blood Group, including Rhesus and where known, subtypes of A. ABO A Rh status +

9. Has the donor been transfused? 1. no 2. yes 3. unknown 4. unknown

If YES, a) has group O neg. blood been given? 1. no 2. yes 3. unknown 4. unknown

b) please indicate Volume given during

1. last week	<input type="checkbox"/>
2. last month	<input type="checkbox"/>
3. last 3 months	<input type="checkbox"/>
4. time unknown	<input type="checkbox"/>

10. Date Kidneys removed on (dd/mm/yyyy) 26 11 19 75

11. Please STATE and CODE the Donor Cause of Death (use codes listed overleaf)

Cause of Death SUB AORTIC Aneurysm Code 110

If TRAUMA, please indicate 1. no 2. yes 3. unknown 4. unknown

head injury abdominal injury other injury

If OTHER, please specify

12. Donor Virology Results

1. negative (-)	<input type="checkbox"/>
2. positive (+)	<input type="checkbox"/>
3. not tested	<input type="checkbox"/>
4. unknown	<input type="checkbox"/>

HBsAg HIV antibody CMV antibody HCV antibody VDRL

IF NOT TESTED (7), A CLOTTED BLOOD SAMPLE FOR VIROLOGY MUST ACCOMPANY THE ORGAN (S)

18. Donor Infections

1. no	Urine	<input type="checkbox"/>
2. yes	Other	<input type="checkbox"/>
3. suspected		
9. not recorded		

If OTHER, please specify _____

19. Donor's relevant past history, please record

1. no	U.T.I.	<input type="checkbox"/>
2. yes	Hypertension	<input type="checkbox"/>
9. not recorded	Tumour	<input type="checkbox"/>
	Diabetes	<input type="checkbox"/>
	Other	<input type="checkbox"/>

If OTHER, please specify _____

20. Donor's Urine Chemistry, please record*

last hour	(mls)	<input type="checkbox"/>
last 24 hours	(mls)	<input type="checkbox"/>
last _____ hours	(mls)	<input type="checkbox"/>
was	(no mol/l)	<input type="checkbox"/>
on (dd/mm/yyyy)		<input type="checkbox"/>
at time	(24hr clock)	<input type="checkbox"/>
was	(µmol/l)	<input type="checkbox"/>
on (dd/mm/yyyy)		<input type="checkbox"/>
at time	(24hr clock)	<input type="checkbox"/>

21. Ventilation ceased at time

at time	(24hr clock)	<input type="checkbox"/>
at time	(24hr clock)	<input type="checkbox"/>

22. Circulatory arrest occurred at time

at time	(24hr clock)	<input type="checkbox"/>
at time	(24hr clock)	<input type="checkbox"/>

23. Type of perfusion used _____ (Please use codes overleaf)

13. Donor HLA Phenotype

HLA-A	1, 2, 9
HLA-B	8, 14
HLA-DR	3, 7
Other loci	

012040

14. Ventilation commenced on (dd/mm/yyyy) _____ at time _____ (24hr clock) _____

If UNKNOWN, please give the period of ventilation (days) _____

15. Blood Pressure reading was _____ B.P. _____ taken on (dd/mm/yyyy) _____ at time _____ (24hr clock) _____

16. Did any period of hypotension occur? _____

If YES, please state lowest B.P. _____ duration _____ commenced on (dd/mm/yyyy) _____ at time _____

17. Please state drugs given to the donor

Drug	Duration	Dose
Dobutamine	6 days	2000 µg/min
Diazepam	_____ days	_____
_____	_____ days	_____
_____	_____ days	_____
_____	_____ days	_____
_____	_____ days	_____

28. Cross Match Material accompanying the organ

Lymph node	1. no 2. yes 3. not recorded	<input type="checkbox"/> 2	Lymph node	<input type="checkbox"/>
Spleen		<input type="checkbox"/> 2	Spleen	<input type="checkbox"/>
Blood		<input type="checkbox"/> 1	Blood	<input type="checkbox"/>
Separated cells		<input type="checkbox"/> 1	Separated cells	<input type="checkbox"/>

29. Additional information

HEALTHY BLOODS + LYMPH + BLOOD + SEPARATED CELLS

This section of the form completed by _____ (NAME PLEASE PRINT)

Signature _____ Date 11/19/11

SECTION II TO BE COMPLETED BY THE RECIPIENT SURGEON

1. Recipient Name ADAM STRAW

2. Transplant Centre BECAST

3. Kidney removed from ice at time (24hr clock) 08:30

4. Kidney perfused with recipient's blood at time (24hr clock) 10:20

5. Recipient's Blood Group, including rhesus and where known, subtypes of A

6. Recipient's HLA phenotype

HLA - A	1/32
HLA - B	44:14
HLA - DR	7/8
Other loci	

RIGHT KIDNEY

24. Time perfusion commenced (24hr clock) 01:42

25. Quality of perfusion

1. good
2. fair
3. poor
9. not recorded

3

LEFT KIDNEY

24. Time perfusion commenced (24hr clock) 01:42

25. Quality of perfusion

1. good
2. fair
3. poor
9. not recorded

1

26. Anatomical Details

No. of arteries	<input type="checkbox"/> 2
No. of arterial patches	<input type="checkbox"/>
No. arteries on patches	<input type="checkbox"/>
No. of veins	<input type="checkbox"/> 1
Branches tied?	<input type="checkbox"/> 1

27. Kidney Damage

Capsule stripped	<input type="checkbox"/> 1
Capsule torn	<input type="checkbox"/>
Small Haematomas	<input type="checkbox"/>
Cut Polar artery	<input type="checkbox"/>
Cuts to renal vein	<input type="checkbox"/>
Cuts to renal artery	<input type="checkbox"/>
Patch excluding an additional artery	<input type="checkbox"/>
Ureter cut short	<input type="checkbox"/>
Other, please specify	

Patch excluding an additional artery	<input type="checkbox"/>
Ureter cut short	<input type="checkbox"/>
Other, please specify	