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KIDNEY DONOR INFORMATION FORM

UKTSSA
United Kingdom Transplant Support Service Authority

Directions

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SECTION I TO BE COMPLETED AT THE DONATING CENTRE

For UKTSSA use

1. **Retrieving Centre** WESTERN INFIRMARY - GLASGOW
2. **Kidneys Removed By** [redacted]
3. **Donor SURNAME** [redacted]
4. **Donor FORENAME** [redacted]
5. **Donor Hospital** [redacted]
6. **Donor Sex**
   1. male
   2. female — 2
7. **Donor Date of Birth** (unknown = 99/99/9999) [redacted]

   If UNKNOWN, please give Donor Age (if under 3 years record years and months) — yrs: ; mths:
8. **Donor Blood Group**, including Rhesus and where known, subtypes of A. — ABO: A; Rhesus: +
9. **Has the donor been transfused?**

   If YES,

   a) has group O neg. blood been given? — 1. no 2. yes 9. unknown: 1

   b) pl e indicate ume groups) (units) given during — 1. no 2. yes 9. unknown:

   1. last week
   2. last month
   3. last 3 months
   9. time unknown
10. **Date Kidneys removed on** (dd/mm/yyyy) [redacted]
11. **Please STATE and CODE the Donor Cause of Death** (use codes listed overleaf)

    Cause of Death SUB ARACHNOID HAEMORRHAGE code 10

    If TRAUMA, please indicate — 1. no 2. yes 9. unknown

    head injury
    abdominal injury
    other injury

    If OTHE please spec
12. **Donor Virology Results** — 1. negative (-) 2. positive (+) 7. not tested 9. unknown

    HBsAg: 1
    HIV antibody: 1
    CMV antibody: 1
    HCV antibody: 1
    VDRL: 7

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

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DONOR CAUSES OF DEATH

10 - Intracranial Haemorrhage
11 - Intracranial Thrombosis
12 - Brain Tumour
19 - Intracranial Accident - type unclassified (CVA)

20 - Trauma - R. T. A - car
21 R. T. A - motorbike
22 R. T. A - pushbike
23 R. T. A - pedestrian
29 R. T. A - type unknown

30 - Other Trauma - suicide
31 - accident
39 - other/unknown

40 - Cardiac Arrest
41 - Myocardial Infarction
42 - Aneurysm

50 - Chronic Pulmonary Disease
51 - Pneumonia
52 - Asthma
53 - Respiratory Failure

60 - Cancer, other than brain tumour

90 - Other

99 - Unknown

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	RIGHT KIDNEY	LEFT KIDNEY
24. **Time perfusion commenced**	(24hr clock) 01 42	Time (24hr clock) 01 42
25. **Quality of perfusion** (1. good 2. fair 3. poor 9. not recorded)	1	Quality of perfusion 1
26. **Anatomical Details**		
No. of arteries	1	No. of arteries 2
No. of arterial patches		No. of arterial patches
No. arteries on patches		No. arteries on patches 3
No. of veins		No. of veins
Branches tied? (1. no 2. yes 9. not recorded)	1	Branches tied? 1
27. **Kidney Damage**		
Capsule stripped (1. no 2. yes 9. not recorded)	1	Capsule stripped 1
Capsule torn	1	Capsule torn 1
Small Haematomas	1	Small Haematomas 1
Cut Polar artery	1	Cut Polar artery 1
Cuts to renal vein	1	Cuts to renal vein 1
Cuts to renal artery	1	Cuts to renal artery 1
Patch excluding an additional artery	1	Patch excluding an additional artery 1
Ureter cut short	1	Ureter cut short 1
Other, please specify	1	Other, please specify 1

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the organ		
Lymph node (1. no 2. yes 9. not recorded)	2	Lymph node
Spleen	2	Spleen
Blood	1	Blood
Separated cells	1	Separated cells

29. **Additional Information**

HEART LUNGS LIVER + CORNEA ALSO RETRIEVED

This section of the form completed by [illegible] (NAME PLEASE PR

Signature [illegible] Date 26 11 1995

SECTION II TO BE COMPLETED BY THE RECIPIENT SURGEON

For UKTSSA use

1. **Recipient Name** ADAM STRAIN
2. **Transplant Centre** BELFAST
3. **Kidney removed from ice** at time (24hr clock) 08:32
4. **Kidney perfused with recipient's blood** at time (24hr clock) 10:32 27/11/95
5. **Recipient's Blood Group**, including rhesus and where known, subtypes of A — ABO A, Rh
6. **Recipient's HLA phenotype**

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

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13. **Donor HLA Phenotype**

HLA - A	1, 29
HLA - B	8, 44
HLA - DR	3, 7
Other loci	

14. **Ventilation** commenced on (dd/mm/yyyy) 25/11/1995

at time (24hr clock) 13:00

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

15. **Blood Pressure** reading was B.P. 110/70

taken on (dd/mm/yyyy) 25/11/1995

at time (24hr clock) 17:00

16. **Did any period of hypotension occur?** 1. no 2. yes 9. unknown: 2

If YES, please state lowest B.P. (mmHg) 82/45

duration (mins) 02

commenced on (dd/mm/yyyy) 25/11/1995

at time (24hr clock) 14:00

17. **Please state drugs given to the donor**

Drug	Duration	Dose
DOPAMINE	days 6 hrs	2 mg/kg/min → 3 mg/l°
DDAVP	days hrs	2 ml x 1
	days hrs	
	days hrs	
	days hrs	

18. **Donor Infections** 1. no 2. yes 3. suspected 9. not recorded

Urine: 1

Other: 1

If OTHER, please specify

19. **Donor's relevant past history**, please record 1. no 2. yes 9. not recorded

U.T.I: 1

Hypertension: 1

Tumour: 1

Diabetes: 1

Other: 1

If OTHER, please specify

20. **Donor's Urine Chemistry**, please record

Urine output during last hour (mls) 200

last 24 hours (mls)

last 12 hours (mls) 6500

Blood urea was (m mol/l) 2.5

on (dd/mm/yyyy) 25/11/1995

at time (24hr clock) 17:00

Serum creatinine was (µmol/l) 49

on (dd/mm/yyyy) 25/11/1995

at time (24hr clock) 17:00

21. **Ventilation ceased** at time (24hr clock) 01:42

22. **Circulatory arrest** occured at time (24hr clock) 01:42

23. **Type of perfusate used** BAXTER 15

(Please use codes overleaf)

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TYPE OF PERFUSATE

10 - Euro Collins.
20 - Univ. Wisconson (UW solution.)
30 - Marshalls/HOC.
40 - PBS.
70 - Machine preservation - PPF.
79 - Machine preservation - other.
95 - Other.
99 - Unknown.

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7. **Cross Match results**

tested

	37 °C	RT	5 °C
Unseparated lymphocytes			
T - cells			
B - cells			

1. negative (-)
2. positive (+)
7. not tested
9. not recorded

Please indicate serum used

1. peak serum
2. most recent serum
3. other
9. not recorded

date of serum sample (dd/mm/yyyy) 1 9

antibodies tested

1. IgG only
2. IgM only
3. both IgG and IgM
9. type not determined

8. **Kidney Damage**

Capsule stripped	1
Capsule torn	1
Small Haematomas	1
Cut Polar artery	1
Cuts to renal vein	1
Cuts to renal artery	1
Patch excluding an additional artery	1
Ureter cut short	1
Others, please specify Widely selected arteries on 1 patch.	2

1. no
2. yes
9. not recorded

9. Was Erythropoietin administered to the recipient? 2

1. no
2. yes
9. unknown

This section of the form completed by E. DONAGHY

(NAME - PLEASE PRINT)

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