STATEMENT OF WITNESS

STATEMENT OF: ELEANOR DONAGHY
Name *Rank*

AGE OF WITNESS *(If over 18 enter "over 18"):* OVER 18

To be completed when the statement has been written

I declare that this statement consisting of 2 pages, each signed by me is true to the best of my knowledge and belief and I make it knowing that, if it is tendered in evidence at a preliminary enquiry or at the trial of any person, I shall be liable to prosecution if I have wilfully stated in it anything which I know to be false or do not believe to be true.

Dated this 28 day of APRIL 2006

P J Monaghan
SIGNATURE OF MEMBER *by whom statement was recorded or received*

PAMELA-JANE MONAGHAN, D/CON
PRINT NAME IN CAPS

Eleanor Donaghy
SIGNATURE OF WITNESS

I am a Transplant Co-ordinator based at the City Hospital in Belfast. I have been in this position since June 1992. My job involves co-ordinating organ donation in Northern Ireland and renal transplants within the Belfast area. In 1995 I would have attempted to meet the children and their parents who were waiting for a transplant operation at clinics prior to operations. However, I cannot say whether or not I met Adam Strain or his mother prior to Adam's operation. D/Constable Monaghan has shown me the original kidney donor information form. Section 1 of this form is all in relation to the donor of the kidney who in this case was from Glasgow. I did not complete any of this part of the form, however, I did add the donor tissue type in box 13; this information obviously was obtained after the kidney arrived. These forms are commenced in the theatre where the organ is being removed. The forms then accompany the organ to the transplant centre. I can see from the form that the kidney was perfused at 01.42 am on 26 November 1995. This means that ice cold fluid was flushed through the kidney and crushed ice is usually put round it to keep it

STATEMENT OF: ELEANOR DONAGHY

as cold as possible; however, the kidneys would still be in the donor at this stage and would not be placed into a box with ice for around another hour or so. The kidney would then be transported by road and air to Belfast, though I could not say whether Belfast was the first transplant centre this kidney went to. The kidney usually comes to the City Hospital and is collected by the surgeon prior to the operation. I remember the day of Adam's operation I went over to RHBSC with the purpose of seeing Adam's parents. I recall meeting Staff Nurse Joanne Clinghan who informed me that Adam might be brain stem dead and was still in theatre. At the time she was based in Musgrave Ward. I changed and went into theatre where the mood was very sombre. I think the surgeons were still at the table but I don't know what stage of the procedure they were at. I don't know what time it was that I went into the operating theatre. Section 11 of the Kidney Donor Information Form was completed by myself, though it was ultimately the responsibility of the surgeon, however, in practice it was usually the co-ordinator who filled it in. D/Constable Monaghan has asked me about points 3 and 4 on the form; the time the kidney was removed from the ice and at what time it perfused with the recipient's blood. These times usually come from the kidney transplant record book but could also have been taken from the notes or verbally from someone in theatre. At point 8, kidney damage I wrote 'widely separated patch', however, I did not amend it with the words 'arteries on one patch'. The form stays in the patient's notes and is always checked by the surgeon and is commonplace for them to add technical data. The surgeon checks the forms prior to placing it in the patient's notes.

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KIDNEY DONOR INFORMATION FORM

UKTSSA

Directions

This form s

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№ 024089

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

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7. **Donor Date of Birth** (unknown = 99/99/9999)

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 ☐ Rhesus ☐

9. **Has the donor been transfused?**

1. no
2. yes
9. unknown

If YES,

a) has group O neg. blood been given? ☐

1. no
2. yes
9. unknown

b) please indicate time (groups) (units) ☐☐ given during ☐

1. last week
2. last month
3. last 3 months
9. time unknown

10. **Date Kidneys removed on** (dd/mm/yyyy)

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 OTHER, please specify _____

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)

058-009-025

093-015-048a

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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) 11 : 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	1	No. arteries on patches
No. of veins	1	No. of veins 1
Branches tied? (1. no 2. yes 9. not recorded)	1	Branches tied? 1
27. Kidney Damage (1. no 2. yes 9. not recorded)		
Capsule stripped	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		Ureter cut short
Other, please specify		Other, please specify 1

28. Cross Match Material accompanying the organ (1. no 2. yes 9. not recorded)

Lymph node	2	Lymph node	2
Spleen	2	Spleen	2
Blood	1	Blood	1
Separated cells	1	Separated cells	1

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

Signature _____ Date 01 / 1 9 /

SECTION II TO BE COMPLETED BY THE RECIPIENT SURGEON

1. Recipient Name ADAM STRAIN
2. Transplant Centre BELFAST
3. Kidney removed from ice at time (24hr clock)
4. Kidney perfused with recipient's blood at time (24hr clock)
5. Recipient's Blood Group, including rhesus and where known, subtypes of A — ABO: A; Rhesus:
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)

at time (24hr clock) 13:00

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

15. **Blood Pressure** reading was B.P. 110/76

taken on (dd/mm/yyyy)

at time (24hr clock) 17:00

16. **Did any period of hypotension occur?**

1. no
2. yes
8. unknown

If YES, please state lowest B.P. (mmHg) 92/45

duration (mins) 012

commenced on (dd/mm/yyyy)

at time (24hr clock) 14:00

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

Drug	Duration	Dose
DOPAMINE	days 6 hrs	3 mg/kg/hr
DDAVP	days hrs	4 iu x 1
	days hrs	
	days hrs	
	days hrs	

16. **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 (ml/s) 200

last 24 hours (ml/s)

last 12 hours (ml/s) 6500

Blood urea was (m mol/l) 12.8

on (dd/mm/yyyy)

at time (24hr clock) 17:00

Serum creatinine was (μmol/l) 49

on (dd/mm/yyyy)

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 perfusion used** Eurotransplant 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**

1. no
2. yes
9. not recorded

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 dissected arteries on 1 patch.	2

9. Was Erythropoietin administered to the recipient? 2

1. no
2. yes
9. unknown

This section of the form completed by E. DONNELLY

(NAME - PLEASE PRINT)

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