**ORGAN(S) OFFER**

***Please advise within less than 1 hour whether you wish to accept the offer***

**Procurement/ Retrieval site:** Hospital name/ Town

**Contact information donor center:**

Tel : +359

E-mail :

**Name of donor coordinator:**

**Closest opened airport:** Name/ Town/ Country/Distance (km)

|  |  |  |  |
| --- | --- | --- | --- |
| **Heart** | **Heart/Lungs** | **Small Bowel** | **Pancreas** |
| **Lungs** | *Right Lung* | *Left Lung* | |
| **Kidneys** | *Right Kidney* | *Left Kidney* | |
| **Liver** | *Right lobe* | *Left lobe* | |

Procurement/Retrieval time:      **:**     hrs *or planned* at :      **:**     hrs

Aortic cross clamp time:      **:**     hrs *on* DD/MM/YY

*If DCD planned time for switch off:****:****hrs*

**DONOR:**

Donor code/ ID:      Type of Donor: DCD  DBD….

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| ABO group  Rh+  Rh- | Age | Gender:  ***♂***   ***♀*** | Weight (kg)  *(Peso)* | Height (cm)  *(Altezza)* |
| *HLA* | *A*     */* | *B*     */* | *DR*     */* | *DQ*     */* |

Admission date in Hospital: DD/MM/YY

Admission date in ICU: DD/MM/YY

Ventilated from: DD/MM/YY

Cardiac arrest: Yes  / No , No flow for       min on DD/MM/YY,

Immediate actions: External defibrillator

Select medication if other *=> specify:*

Date & Time of Death:DD/MM/YY &      **:**     hrs

Cause of Death :Trauma

*If associated Trauma, indicate injury:*

Chest: Yes  No  **/** Head: Yes  No   **/**Abdominal: Yes  No   **/**Other => specify:

*If intoxication*  *=>* Select medication, if other *=> specify:*

Other cause of death :  => specify:

**Past History:**

Alcohol consumption: / quantity:  since: *years or months*

Stopped: /since

Smoking status :  / quantity: *cigarettes/day*  since: *years or months*

Stopped: /since

Drug Abuse:/ by IV: / Stopped: /since comment *if any*:

Cardiovascular Disorders : /, => Select type : Other / => specify: \_\_\_\_\_\_\_\_ Since : DD/MM/YYYY & treatment : => specify:

Cancer :  =>Select : : Remission for more than 5 years : Yes / No

Diabetes mellitus / & Type: \_\_\_

Chronic Infection : / => Select Chronic Infection Other / => specify: \_\_\_\_\_\_\_\_

Risk of pre-immunization : / => Select

Other / => specify: \_\_\_\_\_\_\_\_

Previous Surgery*:* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Previous Treatment: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Clinical Data:**

|  |  |  |  |
| --- | --- | --- | --- |
|  | **:**     hrs *on* DD/MM/YY | **:**     hrs *on* DD/MM/YY | **:**     hrs *on* DD/MM/YY |
| **Blood pressure\* :** Average Haemodynamic unbalance : Yes / No / | mmHg | mmHg | mmHg |
| Heart rate\* | beats/ min | beats/ min | beats/ min |
| Diuresis | ml/h | ml/h | ml/h |

*\* Worst values*

Blood transfusion =>Last 24 h: Yes / No

Current infections :   Select organism type & Select localisation Other / => specify: \_\_\_\_\_\_\_\_

Antibiotics => Last 24 h: Yes / No ; if yes => Which ones? : \_\_\_\_\_\_\_\_

|  |  |  |
| --- | --- | --- |
| **Laboratory Data:** | *At admission* *on* DD/MM/YY | *Latest*  *on* DD/MM/YY |
| Haemoglobin g/l |  |  |
| White cell count x 109 /l |  |  |
| Platelets count x 109 /l |  |  |
| Haematocrit % |  |  |
| Fibrinogen g/l |  |  |
| INR  or PT or TQ  %  seconds |  |  |
| Lactate mmol/l |  |  |
| Amylases µkatal/l |  |  |

Other / => specify: \_\_\_\_\_\_\_\_

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Biological test**  (Add a X) | *Negative* | *Positive* | *Indeterminate*  *(unreliable result)* | *In Process* | *Not tested* |
| HIV AgP24 |  |  |  |  |  |
| HIV Ab |  |  |  |  |  |
| HCV Ab |  |  |  |  |  |
| HBs Ag |  |  |  |  |  |
| HBs Ab |  |  |  |  |  |
| HBc Ab |  |  |  |  |  |
| HTLV: I & II Ab |  |  |  |  |  |
| HCV Ab |  |  |  |  |  |
| CMV Ab |  |  |  |  |  |
| Syphilis:(TPHA/VDRL) |  |  |  |  |  |
| EBV Ab |  |  |  |  |  |
| Toxoplasma Ab |  |  |  |  |  |
| Others : \_\_\_\_\_\_\_\_ |  |  |  |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Medication:** | DD/MM/YY | DD/MM/YY | DD/MM/YY |
| Dopamine/ Dobutamine : γ/kg/min  µg/kg/min |  |  |  |
| Adrenaline/ Noradrenaline: mg/h  µg/kg/min |  |  |  |
| Antidiuretic hormone µg |  |  |  |
| Corticoids mg |  |  |  |
| Others: \_\_\_\_\_\_\_\_ => specify units |  |  |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **KIDNEY** | | | DD/MM/YY | | DD/MM/YY |
| Na+ mmol/l | | |  | |  |
| K+ mmol/l | | |  | |  |
| Urea mmol/l | | |  | |  |
| Creatinine µmol/l | | |  | |  |
| Proteinuria g/l | | |  | |  |
| Echography / Ultrasounds  Yes  No | **Right** | Size      **cm**  (*Dimensioni rene Destro*) | | | |
|  |  | **Abnormaliries** | | Cyst/Tumor:  size      **cm**  Biopsy in process : | |
|  |  |  | | Atherosclerosis : | |
|  |  |  | | Thrombosis : | |
|  |  |  | | Signs of obstruction : | |
|  |  |  | | Other:  => specify | |
|  | **Left** | Size      **cm**  (*Dimensioni rene Sinistro*) | | | |
|  |  | **Abnormaliries** | | Cyst/Tumor:  size      **cm**  Biopsy in process : | |
|  |  |  | | Atherosclerosis : | |
|  |  |  | | Thrombosis : | |
|  |  |  | | Signs of obstruction : | |
|  |  |  | | Other => specify | |

**Organs Characterisation:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **LIVER** | DD/MM/YY | | DD/MM/YY | |
| ASAT µkatal/l |  | |  | |
| ALAT µkatal/l |  | |  | |
| GGT µkatal/l |  | |  | |
| Alk. Phos. µkatal/l |  | |  | |
| LDH µkatal/l |  | |  | |
| Albumin g/l |  | |  | |
| Bilirubin µmol/l |  | |  | |
| Echography / Ultrasounds  Yes  No | Hepatic size  *(diametro longitudinale del fegato)* | | | **cm** |
|  | **Abnormalities** | Steatosis  at    % | | |
|  |  | Biliary duct dilatation | | |
|  |  | Vena cava :  Permeability defect  Thrombosis | | |
|  |  | Other => specify | | |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **LUNGS** | | | DD/MM/YY | DD/MM/YY |
| FiO2 | | | % | % |
| pH | | |  |  |
| PaCO2 kPA | | |  |  |
| PaO2 kPA | | |  |  |
| HCO3- mmol/l | | |  |  |
| PEEP mmHg | | |  |  |
| O2 sat | | | % | % |
| Chest  X-Ray  Yes  No | Thoracic perimeter      **cm**  Abdominal perimeter      **cm**  Sternal height      **cm** | | | |
|  | **Abnormaliries** | Effusion | | |
|  |  | Atelectasis | | |
|  |  | Pneumonia | | |
|  |  | Cyst/Tumor:  size      **cm**  Biopsy in process : | | |
|  |  | Broncoscopy  Select | | |
|  |  | Adenopathy | | |
|  |  | Other => specify | | |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **HEART** | | DD/MM/YY | | DD/MM/YY |
| CK µkatal/l | |  | |  |
| CKMB µkatal/l | |  | |  |
| Troponin ng/ml | |  | |  |
| Electrocardiogram  Normal  Abnormal | | If Abnormal why: | | |
| Vascular pathology | | Yes / No  If YES specify: | | |
| Echography/ Ultrasounds  Yes  No | **Abnormaliries** | Aortic injury | | |
|  |  | Atheroma | | |
|  |  | Aortic dissection | | |
|  |  | Aortic/ Vascular shrinkage | | |
|  |  | Other => specify | | |
| LVEF  *(frazione d’eiezione)* | | | % | |
| And / or SF  *(frazione di accorciamento)* | | | % | |
| Septum size **mm** | | |  | |
| Dilation Right  Left | | | Yes / No | |
|  | | | Yes / No | |
| Contractility | | | Normal  Abnormal | |

Reason for non-acceptance in country of origin : Select reason, if other *=> specify:*