**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 / UltrasoundsYes [ ]  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 / UltrasoundsYes [ ]  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-RayYes [ ]  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 |       |       |
| ElectrocardiogramNormal [ ] Abnormal [ ]  | If Abnormal why:      |
| Vascular pathology  | Yes [ ] / No [ ] If YES specify:      |
| Echography/ UltrasoundsYes [ ] 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 RightLeft | Yes [ ] / No [ ]  |
|  | Yes [ ] / No [ ]  |
| Contractility | Normal [ ] Abnormal [ ]  |

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