

DSO Donor number:	Donor Center/Region:
ET Donor number:	Fax Number:
Donor age:	Procurement Center/Region:

Transplant Center:	TP	Date of Transplant:	DD	MM	YYYY
Recipient Number:					

Subjective general evaluation of organ:	good <input type="checkbox"/>	moderate <input type="checkbox"/>	acceptable <input type="checkbox"/>
Cold ischemia time:	hrs.	min.	Anastomosis: min.
Initial organ function:	good <input type="checkbox"/>	moderate <input type="checkbox"/>	bad <input type="checkbox"/>
Rhythm:	primary sinus rythm <input type="checkbox"/>	arhythmic <input type="checkbox"/>	pacer necessary <input type="checkbox"/>
Problems:	Yes <input type="checkbox"/>	No <input type="checkbox"/>	

If "Yes", please continue

Quality of package:	Number of bags	Leakage <input type="checkbox"/>	Low amount of fluid <input type="checkbox"/>	
	Organ frozen <input type="checkbox"/>	Others:		
Coronary sclerosis:	LAD	none <input type="checkbox"/>	some <input type="checkbox"/>	severe <input type="checkbox"/>
	CX	none <input type="checkbox"/>	some <input type="checkbox"/>	severe <input type="checkbox"/>
	RCA	none <input type="checkbox"/>	some <input type="checkbox"/>	severe <input type="checkbox"/>
Contusions marks:	Yes <input type="checkbox"/>			

Anatomical description:	Left atrium	cut open <input type="checkbox"/>	intact <input type="checkbox"/>
	Right atrium	length SVC	length IVC
	Aorta	length	
	Pulmonary Artery	length	

Name of transplant surgeon:	Signature
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Please fax to: Donor Region (see above)
Deutsche Stiftung Organtransplantation