

|                   |                            |
|-------------------|----------------------------|
| 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:  |    |                     |    |    |      |

|   |                                      |                                   |                                     |
|---|--------------------------------------|-----------------------------------|-------------------------------------|
| KIDNEY                                  | right <input type="checkbox"/>       | left <input type="checkbox"/>     | en bloc <input type="checkbox"/>    |
| Subjective general evaluation of organ: | good <input type="checkbox"/>        | moderate <input type="checkbox"/> | acceptable <input type="checkbox"/> |
| Cold ischemia time:                     | hrs.                                 | min.                              | Anastomosis: min.                   |
| Intraoperative urine production:        | good <input type="checkbox"/>        | moderate <input type="checkbox"/> | none <input type="checkbox"/>       |
| Color after reperfusion:                | homogeneous <input type="checkbox"/> | marbled <input type="checkbox"/>  | dark blue <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:   |  |
| Arterial problems:     | no patch <input type="checkbox"/>     | Cut in artery <input type="checkbox"/>          | Intimal lesion <input type="checkbox"/>      |
|                        | Additional Art.                       | Stenosis <input type="checkbox"/>               |  |
|                        | Others:                               |   |  |
| Venous problems:       | too short <input type="checkbox"/>    | Cut in vein <input type="checkbox"/>            |  |
|                        | Multiple veins                        | Others:   |  |
| Ureteral problems:     | too short <input type="checkbox"/>    | Cut in ureter <input type="checkbox"/>          | Devascularized <input type="checkbox"/>      |
|                        | Others:                               |   |  |
| Quality of Parenchyma: | decapsulated <input type="checkbox"/> | Partially decapsulated <input type="checkbox"/> | Tumor <input type="checkbox"/>               |
|                        | Scars <input type="checkbox"/>        |   |  |
|                        | Others:                               |   |  |
| Biopsy:                | no <input type="checkbox"/>           | yes <input type="checkbox"/>                    | (Copy of the report)                         |
| Additional remarks:    |                                       |   |  |

|                             |           |
|-----------------------------|-----------|
| Name of transplant surgeon: | Signature |
|-----------------------------|-----------|

Please fax to: Donor Region (see above)  
Deutsche Stiftung Organtransplantation