

Lung Quality Form



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:					

LUNG:	right <input type="checkbox"/>	left <input type="checkbox"/>	Double lung <input type="checkbox"/>
Subjective general evaluation:	good <input type="checkbox"/>	moderate <input type="checkbox"/>	acceptable <input type="checkbox"/>
Right Lung:			
Cold ischemia time:	hrs.	min.	Anastomosis: min.
Left Lung:			
Cold ischemia time:	hrs.	min.	Anastomosis: min.
Initial Organ Function:	good <input type="checkbox"/>	moderate <input type="checkbox"/>	bad <input type="checkbox"/>
Reperfusion injury:	none <input type="checkbox"/>	moderate <input type="checkbox"/>	severe <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:	

Lungs:	right	left
Inflation status:	overinflated <input type="checkbox"/>	<input type="checkbox"/>
	bad <input type="checkbox"/>	<input type="checkbox"/>
Perfusion status:	homogeneous <input type="checkbox"/>	<input type="checkbox"/>
	medium <input type="checkbox"/>	<input type="checkbox"/>
	bad <input type="checkbox"/>	<input type="checkbox"/>
Atelectasis:	right/left upper lobe yes <input type="checkbox"/>	<input type="checkbox"/>
	right/left lower lobe yes <input type="checkbox"/>	<input type="checkbox"/>

Anatomical description:	Atrial cuff <input type="checkbox"/>	<input type="checkbox"/>
	Aorta attached <input type="checkbox"/>	<input type="checkbox"/>

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