

V5\_GEN\_FORM



## DNR Evaluation

What was the date of this donor's evaluation?	
	mm/dd/yyyy

Donor height in centimeters		(multiply inches by 2.54 to get centimeters)
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Donor weight in kilograms at enrollment		(divide pounds by 2.2 to get kg)
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Serum Alkaline Phosphate (ALK PHOS) closest to date of donor evaluation	
	IU/L

Serum Total Bilirubin closest to date of donor evaluation	
	mg/L

CMV IgG at evaluation	Positive
	Negative
	Indeterminate
	Unknown
	Not Done

Donor Acceptance	Yes
	No

Rejection reason	Declined to donate	Date of decision to reject donor	
	Medical Contraindications		(mm/dd/yyyy)
	Donor Liver Steatosis		
	Anatomical contraindications		
	Psychosocial contraindications		
	Recipient died		
	Recipient too sick/ removed from transplant consideration		
	Recipient received cadaveric transplant		
	Recipient Improved		
	Recipient declined/ refused organ.		
	Other (specify)		

Did the patient go to the OR with the intention of donating a portion of his/her liver? (If so, fill out "Donor Intraoperative" form).	Yes
	No

Did the patient donate a lobe of his/her liver? If so, then complete the "Donor Morbidity" and "Donor Hospitalizations" forms.	Yes
	No

Start Time: 14:05:45 Stop Time: 14:05:45 Time To Generate: 0 seconds