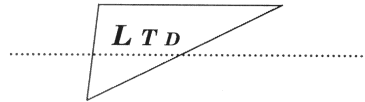


DS



NIDDK  
Liver Transplantation Database  
**DONOR LIVER SURGEON ASSESSMENT FORM**  
01/30/1991

DONOR ID \_\_\_\_\_

COMPLETION LOG

Data Collector ID \_\_\_\_\_ - \_\_\_\_\_  
Center Initials

DATE

Data Collection \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

Data Entry \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

Sysid \_\_\_\_\_

Verification \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

Cleaned \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

FORM KEYS

Patient ID \_\_\_\_\_

Transplant No. \_\_\_\_\_

DONOR LIVER SURGEON ASSESSMENT FORM  
NIDDK Liver Transplantation Database

RECIPIENT ID \_\_\_\_\_ - \_\_\_\_\_

Transfer \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
MM DD YY

TRANSPLANT NO. \_\_\_\_\_

DATE OF START OF HEPATECTOMY \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
MM DD YY

To be completed by the surgeon who performed the hepatectomy as soon as possible after the hepatectomy.

I. SURGEON ASSESSMENT OF DONOR LIVER

1. ASSESSMENT OF LIVER

	START (At time of incision)		END (At time of crossclamp or flush)	
	Yes	No	Yes	No
1.1 Consistency/texture: normal	___	___	___	___
1.2 Perfusion/color: well perfused	___	___	___	___
1.3 Injury/trauma:	___	___	___	___

2. HOW DID THE LIVER FLUSH? (check one)

1. Good\_\_\_      2. Fair\_\_\_      3. Poor\_\_\_

3. OVERALL QUALITY OF LIVER (check one)

1. Good\_\_\_      2. Fair\_\_\_      3. Poor\_\_\_

II. CONDITION OF DONOR

1. Were organs other than the brain injured?      Yes\_\_\_      No\_\_\_

IF YES, check all that apply

<input type="checkbox"/> 1.1 Spleen	<input type="checkbox"/> 1.11 Mesentery
<input type="checkbox"/> 1.2 Liver	<input type="checkbox"/> 1.12 Inferior vena cava
<input type="checkbox"/> 1.3 Stomach	<input type="checkbox"/> 1.13 Aorta
<input type="checkbox"/> 1.4 Colon	<input type="checkbox"/> 1.14 Heart
<input type="checkbox"/> 1.5 Bladder	<input type="checkbox"/> 1.15 Thoracic vessel
<input type="checkbox"/> 1.6 Duodenum	<input type="checkbox"/> 1.16 Lung
<input type="checkbox"/> 1.7 Small intestines	<input type="checkbox"/> 1.17 Long bones (femur)
<input type="checkbox"/> 1.8 Gall bladder	<input type="checkbox"/> 1.18 Pelvis
<input type="checkbox"/> 1.9 Kidney	<input type="checkbox"/> 1.19 Spine

**DONOR LIVER SURGEON ASSESSMENT FORM**  
NIDDK Liver Transplantation Database

RECIPIENT ID \_\_\_\_\_ - \_\_\_\_\_

\_\_1.10 Pancreas

\_\_1.20 Other \_\_\_\_\_  
specify (30 char)

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2. Was abdominal surgery performed prior to this admission (noted during harvest procedure)?

Yes\_\_      No\_\_      Unk\_\_

