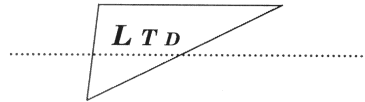


DS



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)

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

Yes__ No__ Unk__

