

Donor Recovery Hospital or OPO Name
Living Donor Renal Data Sheet

UNOS # ID _____

Procedure: Left Nephrectomy Right Nephrectomy

Incision Date/Time: ____/____/____ at ____:____	<div style="border: 1px solid black; padding: 5px; background-color: #e0e0e0;"> Warm Ischemic Time: _____ min </div>
Clamp Date/Time: ____/____/____ at ____:____	
Flush and Storage Solution: <input type="checkbox"/> SPS-1 <input type="checkbox"/> Viaspan <input type="checkbox"/> HTK <input type="checkbox"/> Other _____	
Additives to solution: <input type="checkbox"/> Penicillin 200,000 units <input type="checkbox"/> Other _____	
Back Table Flush Volume: _____ mls Storage Solution Volume: _____ mls	

Kidney Anatomy: Kidney length: _____ cm Kidney width: _____ cm

Number of renal arteries: _____

Artery 1: Length: _____ cm	Diameter: _____ cm
Artery 2: Length: _____ cm	Diameter: _____ cm
Artery 3: Length: _____ cm	Diameter: _____ cm

Number of renal veins: _____

Vein 1: Length: _____ cm	Diameter: _____ cm
Vein 2: Length: _____ cm	Diameter: _____ cm
Vein 3: Length: _____ cm	Diameter: _____ cm

Blood tubes included with kidney:

Reds _____

Yellow _____

Other _____

(Minimum required by UNOS policy: 2 ACD (yellow))

Number of Ureters: _____ Ureter Length(s): _____ cm

Anatomical Abnormalities: Yes No Surgical Damage: Yes No

Comments: _____

Recovery Surgeon: _____ Person completing form: _____

We verify the accuracy of the UNOS ID#, donor ABO, crossclamp date, crossclamp time and donor hospital name on all organ labels and packaging. _____ OPO initials _____ Hospital staff initials

Preservation Solutions, Medications and Supplies				
Item	Manufacturer	Lot#	Exp. Date	Dosage
SPS-1	Preservation Solutions, Inc.		/ /	N/A
Penicillin G			/ /	200,000 units / liter of SPS-1
Sterile Water			/ /	8 mls to reconstitute Penicillin
0.9 NAACL (slush)	Baxter		/ /	N/A
Kidney Jar	Avid Medical		/ /	N/A
			/ /	