

## Completion Guidelines for HTA-B forms

A form must be completed every time your team receives an organ with the intent of transplanting that organ.

It is vital that forms are fully completed legibly and accurately. All forms should be completed and returned to ODT Hub Information Services within 3 working days of organ receipt. Please see below for advice on completion of the different sections of the form. If any assistance or further clarification is needed, please contact ODT Hub Information Services.

### Form A Number

- This number can be obtained from the HTA-A form.

### NHSBT-ODT Donor ID

- This number must be provided if this transplant relates to a deceased donor.
- This number can be obtained from the HTA-A form.
- Leave blank if this is a live related transplant.

## SECTION 1 – Registered Medical Practitioner

### Full name (*mandatory field*)

- Enter full name in block capital letters.

### Appointment (*mandatory field*)

- Enter job title or position.

### Appointment held at (*mandatory field*)

- Full name of the hospital must be completed, not simply the name of the town or city.

## SECTION 2 – Organ/Material

### Name and address of transplanting hospital (*mandatory field*)

- Full name of the hospital must be completed, not simply the name of the town or city.

### Date and time organ/material received (*mandatory field*)

- Always enter a date and time.

### Donor type (*mandatory field*)

- Tick for either:
  1. Deceased donor or
  2. Live donor

### Organ/Material Removal (*mandatory field*)

- UK Removal – tick if this is a UK Removal and the name of the donor hospital must be provided.
- Imported – tick if this is an import and the unique donor identifier from the country of origin must be provided.
  - Name of the country of origin must be provided.

### Indicate organ/material transplanted or proposed to be transplanted (*mandatory field*)

- Circle one number only.
- Split livers – circle EACH component part transplanted into this recipient or proposed to be transplanted (eg 42 right liver lobe AND 47 liver segment IV).

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### SECTION 3 – Grade of surgical damage to this organ/material (*mandatory field*)

- Enter 0 – if an organ is retrieved with no damage.
- Enter 1 – for mild surgical damage (not requiring surgical repair).
- Enter 2 – for moderate damage (requiring surgical repair to make organ usable).  
If code 2 is entered:
  1. Enter 1 if patient is not expected to be affected by the damage.
  2. Enter 2 if damage could possibly prolong patient hospital stay.
- Enter 3 – for severe damage (organ unusable due to damage).
- If code 1, 2 or 3 is entered, a description of damage must be provided.

### SECTION 4 – Did the organ/material come into contact with perfusion fluid after receipt? (*mandatory field*)

- Enter 1 if no perfusion fluid used.
- Enter 2 if perfusion fluid was used and:
  1. Perfusion fluid code must be provided if perfusion fluid was used.
  2. Batch code must be provided if perfusion fluid was used.

### SECTION 5 – If Organ/Material Transplanted

- Date and time of reperfusion in recipient must be provided.
- ODT Recipient number must be provided. (*if known*)
- Recipient's full name must be provided in block capital letters.
- Hospital/Case number (*if known*)
- Leave blank if organ not transplanted.

### SECTION 6 – If Organ/Material NOT Transplanted

- Reason organ not transplanted must be provided.
- Method of disposal must also be provided.
- Name of unit/hospital must be provided if the organ was used for research.
- Leave blank if organ transplanted.

### SECTION 7 – If Organ/Material Divided

- A description of each organ part created must be provided
- NHSBT Export Number (*if known*)
- Reason and method of disposal
- Split liver description (*if applicable*)
- Leave blank if organ not divided

### SECTION 8 – Details (*mandatory field*)

- Enter name of the person completing the form so that any queries can be directed to that person
- Position must be provided
- A signature must be provided – this is a legal document
- A date must be provided