
Completion Guidelines for Kidney, Cardiothoracic and Liver HTA-A forms

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Kidney Donor Information (HTA-A)

The SNOD must always retain the top copy. This allows NHSBT to scan the best quality form.

It is vital that forms are fully completed legibly and accurately. All forms must be completed and returned to the Specialist Nurse. 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.

All date forms are in DDMMYYYY

HTA Form A Number

- This number is unique to every form and pre-printed.

NHSBT-ODT Donor ID *(mandatory field)*

- This number must be provided by the SNOD.

SECTION 1 – Kidney Donor Information

- This section is prefilled by the SNOD.
- All fields are mandatory.

Donor surname *(mandatory field)*

- Enter name in block capital letters.

Donor forenames *(mandatory field)*

- Enter name in block capital letters.

Donor DOB *(mandatory field)*

- Enter donor DOB.

Blood group *(mandatory field)*

- Enter A, B, AB or O
- Enter N for negative rhesus.
- Enter P for positive rhesus.

Donor hospital *(mandatory field)*

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

Retrieval centre *(mandatory field)*

- Enter name of the retrieving (NORS) team.

Date/time donor surgery commenced *(mandatory field)*

- Date and time must be provided.

Donor type *(mandatory field)*

- Enter 1 for Deceased donor after brain death.
- Enter 2 for Deceased donor after circulatory death.
- Enter 12 for Paired/pooled living donor.
- Enter 13 for Altruistic, non-directed donor.

The NORS team are responsible for completing section 2 onwards

SECTION 2 – Kidney Donor Information

Was a biopsy taken

- Enter code for both left and right kidneys.
 - Enter 1 for No
 - Enter 2 for Yes
 - If yes, provide short reason

Was site packed and sutured

- Enter code for both left and right kidneys.
 - Enter 1 for No
 - Enter 2 for Yes

Time ventilation ceased

- Enter date and time where appropriate.

Time of circulatory arrest

- Enter date and time where appropriate.

Date/time in situ cold perfusion commenced

- Enter date and time.

In situ perfusion fluid (*mandatory field*)

- Enter the code for the relevant perfusion fluids.
 - 10 - EuroCollins
 - 20 - University of Wisconsin (UW solution), eg ViaSpan
 - 30 - Hyperosmolar citrate (HOC or Marshall's Solution), eg Soltran
 - 40 - Phosphate buffered sucrose (PBS)
 - 80 - Celsior
 - 90 - Histidine-Tryptophan-Ketoglutarate (HTK or Bretschneider's Solution)
 - 95 - Other
 - 99 - Unknown

Quality of in situ perfusion (*mandatory field*)

- Enter code for quality.
 - 1 for good
 - 2 for fair
 - 3 for poor
 - 4 for patchy
 - 9 for unknown

Did donor undergo NRP

- Enter 1 for No
- Enter 2 for Yes (A-NRP)
- Enter 3 for Yes (TA-NRP)

Was any blood from a blood bank used?

- Enter 1 for No
- Enter 2 for Yes

Date/time NRP commenced

- Enter date and time where appropriate.

Date/time NRP stopped

- Enter date and time where appropriate.

Machine perfused (*mandatory field*)

- Enter code for both left and right kidneys.
 - 1 for No
 - 2 for Yes – hypothermic
 - 3 for Yes – normothermic

If normothermic, machine perfusion fluid type

- Enter code for both left and right kidneys.
 - Enter 1 for Donor blood
 - Enter 2 for Banked blood
 - Enter 3 for Other

Date/time machine perfusion commenced

- Enter date and time if appropriate.
- Enter the time for **both** kidneys.

Date/time machine perfusion stopped

- Enter date and time if appropriate.
- Enter the time for **both** kidneys.

Did machine perfusion stop prior to dispatch?

- Enter code for both left and right kidneys.
 - 1 for No
 - 2 for Yes

Date/time kidneys placed into transport box

- Enter date and time if appropriate.
- Enter the time for **both** kidneys.

Perfusion fluid (*mandatory field*)

- Code must be provided.
- Enter the code for the relevant perfusion fluids.
 - 10 - EuroCollins
 - 20 - University of Wisconsin (UW solution), eg ViaSpan
 - 30 - Hyperosmolar citrate (HOC or Marshall's Solution), eg Soltran
 - 40 - Phosphate buffered sucrose (PBS)
 - 80 - Celsior
 - 90 - Histidine-Tryptophan-Ketoglutarate (HTK or Bretschneider's Solution)
 - 95 - Other
 - 99 - Unknown

Batch numbers (*mandatory field*)

- Batch numbers must be provided.

SECTION 3 – Anatomical Details (*if applicable*)

- Numbers must be provided if applicable for.
 - Arteries
 - Arterial patches
 - Arteries on patch
 - Veins
 - Ureters
- **Branches tied**
 - Enter 1 for No
 - Enter 2 for Yes
- **Comment box**
 - Handwriting must be legible
 - **IMPORTANT:** All biopsies taken for histopathology assessment or research purposes must be documented here.

SECTION 4 – Kidney Damage (*if applicable*)

- Enter 1 for No
- Enter 2 for Yes
 - If Yes, description must be provided in the 'Other damage during retrieval' comments.
 - Do not record if organs are damaged for any other reason than surgical damage.
 - Use Left or Right text box as appropriate.
 - Handwriting must be legible.
- Enter 9 for Unknown

SECTION 5 – State which organs you retrieved (*mandatory field*)

- Left kidney, right kidney, pancreas, small bowel, heart for valves.
 - Enter 1 for No (*not retrieved*)
 - Enter 2 for Yes (*retrieved*)
- Heart for valves
 - Do not enter Yes if heart for valves is taken by another NORS retrieval team.
 - Only enter Yes if your team retrieved the heart for valves.
 - If your team did not retrieve the heart for valves, enter 1 for No.
- Other Organs **you** retrieved
 - Only provide details for organs **your team** retrieved.
 - Handwriting must be legible.

SECTION 6 – Crossmatch material (*if applicable*)

- Enter 1 for No
- Enter 2 for Yes
- Enter 9 for Unknown

SECTION 7 – Unsuitable Organs (*if applicable*)

- Complete organ code, reason unsuitable and method of disposal if organs are disposed
- Organ code must be provided if organs disposed.
 - 11 - Left kidney
 - 12 - Right kidney
 - 50 - Pancreas
 - 81 - Small bowel
 - 90 - Other
 - 310 - Heart for valves

Retrieving Surgeon Details

- Enter full name of the person completing the form so that any queries can be directed to that person.
- Full name of the hospital must be completed, not simply the name of the town or city.
- Position must be provided.
- A signature must be provided – this is a legal document.

Liver Donor Information (HTA-A)

The SNOD must always retain the top copy. This allows NHSBT to scan the best quality form.

It is vital that forms are fully completed legibly and accurately. All forms must be completed and returned to the Specialist Nurse. 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.

HTA Form A Number

- This number is unique to every form and pre-printed.

NHSBT-ODT Donor ID (*mandatory field*)

- This number must be provided by the SNOD.

SECTION 1 – Liver Donor Information

- This section is prefilled by the SNOD.
- All fields are mandatory.

Donor surname (*mandatory field*)

- Enter name in block capital letters.

Donor forenames (*mandatory field*)

- Enter name in block capital letters.

Donor DOB (*mandatory field*)

- Enter donor DOB.

Blood group (*mandatory field*)

- Enter A, B, AB or O
- Enter N for negative rhesus
- Enter P for positive rhesus

Donor hospital (*mandatory field*)

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

Retrieval centre (*mandatory field*)

- Enter name of the retrieving (NORS) team.

Donor type (*mandatory field*)

- Enter 1 for Deceased donor after brain death
- Enter 2 for Deceased donor after circulatory death
- Enter 5 for Living related donor
- Enter 6 for Living unrelated donor
- Enter 7 for Domino donor
- Enter 9 for Unknown

HTA reference number T _ _ _ _ (if applicable)

- Enter 4-digit code if the donor is live related or a domino.
- This field can be left blank, if the donor is not live related / domino.

Independent Assessor ID (if applicable)

- Enter name or ID if the donor is live related or a domino.
- This field can be left blank, if the donor is not live related / domino.

Time of retrieval

- Enter date and time

Ventilation ceased

- Enter date and time

Circulatory arrest

- Enter date and time

Perfusion commenced

- Enter date and time

Time of hepatectomy

- Enter date and time

Liver on ice

- Enter date and time

Perfusion table

- Enter appropriate fluid type, volume and quality information for:
 - In situ
 - Portal vein
 - Aorta
 - Benchwork
 - Hepatic artery
 - Bile duct
 - Portal vein
- Enter the code for the relevant perfusion fluids.
 - Enter 10 for EuroCollins
 - Enter 20 for University of Wisconsin (UW solution), eg ViaSpan
 - Enter 30 for Hyperosmolar citrate (HOC or Marshall's Solution), eg Soltran
 - Enter 40 for Phosphate buffered sucrose (PBS)
 - Enter 80 for Celsior
 - Enter 90 for Histidine-Tryptophan-Ketoglutarate (HTK or Bretschneider's Solution)
 - Enter 98 for Other
 - Enter 99 for Unknown
- Enter volume in litres
- Enter quality code
 - 1 for good
 - 2 for fair
 - 3 for poor
 - 4 for patchy

- Prepared for implantation.
 - Enter 1 for No
 - Enter 2 for Yes

- Transport fluid
 - Enter 10 for EuroCollins
 - Enter 20 for University of Wisconsin (UW solution), eg ViaSpan
 - Enter 30 for Hyperosmolar citrate (HOC or Marshall's Solution), eg Soltran
 - Enter 40 for Phosphate buffered sucrose (PBS)
 - Enter 80 for Celsior
 - Enter 90 for Histidine-Tryptophan-Ketoglutarate (HTK or Bretschneider's Solution)
 - Enter 98 for Other
 - Enter 99 for Unknown

SECTION 2 – Anatomical Appearance *(if applicable)*

- Complete as appropriate.
- Enter 1 for No
- Enter 2 for Yes
- Handwriting in Other text box must be legible.

- **Time into liver transport box**
 - Enter time in 24-hour format

SECTION 3 – Anatomical Details *(if applicable)*

- Complete as appropriate.
- Enter 1 for No
- Enter 2 for Yes

SECTION 4 – Comments and additional organs *(if applicable)*

- Complete as appropriate.

- **Liver appearance**
 1. Enter 1 for Healthy
 2. Enter 2 for Suboptimal

- **Steatosis**
 1. Enter 1 for No
 2. Enter 2 for Yes
 - If yes, enter 1 for mild, 2 for moderate, 3 for severe

- **Capsular damage**
 1. Enter 1 for No
 2. Enter 2 for Yes

- **Comment/Damage**
 - Handwriting in text box must be legible.
 - Do not record if organs are damaged for any other reason than surgical damage.
 - **IMPORTANT:** All biopsies taken for histopathology assessment or research purposes must be documented here.

State which organ you retrieved (*mandatory field*)

Additional organs en bloc and Other (*free text box*)

- Handwriting must be legible.
- Any organs taken en bloc must be reported. If organs are separated on Back Bench and returned to the body this should be noted on the form.

Organs retrieved

- Enter 1 for No
- Enter 2 for Yes
- Organs taken en bloc
 - Organs taken en bloc that leave theatre even if only partial organs removed i.e pancreas head, half of pancreas should be recorded as 2- retrieved as the whole organ on the HTA A form.
- Heart for valves:
 - Do not enter Yes if heart for valves is taken by another NORS retrieval team.
 - Only enter Yes if your team retrieved the heart for valves.
 - If your team did not retrieve the heart for valves, enter 1 for No
- Handwriting in 'Other' text box must be legible.

SECTION 5 – Unsuitable Organs (*if applicable*)

- Complete this section if organs are disposed.
- Organ code must be provided if organs disposed along with reason unsuitable and method of disposal.
 - Enter 40 for Whole liver
 - Enter 41 for Left liver lobe
 - Enter 42 for Right liver lobe
 - Enter 46 for Left lateral segment
 - Enter 50 for Pancreas
 - Enter 81 for Small bowel
 - Enter 90 for Other
 - Enter 310 for Heart for valves

SECTION 6 – Perfusion fluid (*mandatory field*)

- Code must be provided
- Enter the code for the relevant perfusion fluids:
 - 10 - EuroCollins
 - 20 - University of Wisconsin (UW solution), eg ViaSpan
 - 30 - Hyperosmolar citrate (HOC or Marshall's Solution), eg Soltran
 - 40 - Phosphate buffered sucrose (PBS)
 - 80 - Celsior
 - 90 - Histidine-Tryptophan-Ketoglutarate (HTK or Bretschneider's Solution)
 - 98 - Other
 - 99 - Unknown
- **Batch numbers** (*mandatory field*)
 - Batch numbers must be provided

SECTION 8 – Details

- Enter full name of the person completing the form so that any queries can be directed to that person.
- Full name of the hospital must be completed, not simply the name of the town or city.

Controlled if copy number stated on document and issued by QA

(Template Version 03/02/2020)

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- Position must be provided.
 - A signature must be provided – this is a legal document.

Cardiothoracic Donor Information (HTA-A)

The SNOD must always retain the top copy. This allows NHSBT to scan the best quality form.

It is vital that forms are fully completed legibly and accurately. All forms must be completed and returned to the Specialist Nurse. 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.

HTA Form A Number

- This number is unique to every form and pre-printed

NHSBT-ODT Donor ID (*mandatory field*)

- This number must be provided by the SNOD

SECTION 1 – Cardiothoracic Donor Information

- This section is prefilled by the SNOD.
- All fields are mandatory.

Donor surname (*mandatory field*)

- Enter name in block capital letters.

Donor forenames (*mandatory field*)

- Enter name in block capital letters.

Donor DOB (*mandatory field*)

- Enter donor DOB.

Blood group (*mandatory field*)

- Enter A, B, AB or O
- Enter N for negative rhesus
- Enter P for positive rhesus

Donor type (*mandatory field*)

- Enter 1 for Deceased donor after brain death.
- Enter 2 for Deceased donor after circulatory death.
- Enter 7 for Domino donor.

Donor hospital (*mandatory field*)

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

Retrieval team (*mandatory field*)

- Enter name of the retrieving (NORS) team.

Date/time donor surgery commenced (*mandatory field*)

- Date and time must be provided.

SECTION 2 – Donation details *(If donor after circulatory death)*

Donor code

Controlled: cardiac arrest is expected/anticipated

- Enter 11 for After withdrawal of treatment in a patient not certified dead by brain stem tests.
- Enter 12 for After withdrawal of treatment in a cadaver certified dead by brain stem tests.

Uncontrolled: cardiac arrest is unexpected/unanticipated

- Enter 13 for Patient dead on arrival at hospital.
- Enter 14 for Unsuccessful resuscitation in Accident and Emergency.
- Enter 15 for Unexpected cardiac arrest in a patient being treated in ICU.

Mechanical external cardiac massage used?

- Enter 1 for No
- Enter 2 for Yes

If CONTROLLED donor after circulatory death

Treatment withdrawn

- Enter date and time

Cardiac arrest

- Enter date and time

Certification of death

- Enter date and time

If UNCONTROLLED donor after circulatory death

Cardiac arrest

- Enter date and time

Resuscitation commenced

- Enter date and time

Resuscitation ceased

- Enter date and time

Certification of death

- Enter date and time

SECTION 2 – Donation details continued *(If donor after brain death)*

Date/time of circulatory arrest

- Enter the appropriate date and time.

SECTION 2 – Donation details continued (For ALL donors)

Heparin dose

- Enter the appropriate values in international units.

Date/time heparin administered

- Enter the appropriate date and time.

By-pass

- Enter 1 if Not used
- Enter 2 if Used
 - If used, please state date and time onto by-pass and off by-pass.

Date/time aorta cross-clamped

- Enter the appropriate date and time.

Date/time perfusion commenced

- Enter the appropriate date and time.

Date/time perfusion completed

- Enter the appropriate date and time.

Heart/Lungs

- Enter the code for the relevant perfusion fluids:
 - 10 - EuroCollins
 - 20 - University of Wisconsin (UW solution), eg Viaspan
 - 30 - Hyperosmolar citrate (HOC or Marshall's Solution), eg Soltran
 - 40 - Phosphate buffered sucrose (PBS)
 - 50 - St Thomas'
 - 60 - Papworth solution
 - 70 - Low potassium dextran eg Perfadex
 - 80 - Celsior
 - 90 - Histidine-Tryptophan-Ketoglutarate (HTK or Bretschneider's Solution), eg Custodiol
 - 98 - Other
 - 99 - Unknown
 - 77 - Not perfused/not applicable
- Enter volume in ml
- Enter the perfusion method code:
 - 1 - Pulmonary artery flush
 - 2 - Core-cooling
 - 3 - Immersion
 - 4 - Cardioplegia
 - 5 - Other
 - 9 - Unknown
 - 7 - Not perfused/not applicable

Antegrade pulmonary artery flush perfusion

- Enter 1 if Not used
- Enter 2 if Used
- Enter volume in ml

Retrograde pulmonary venous flush perfusion

- Enter 1 if Not used
- Enter 2 if Used
- Enter volume in ml

Date/time cardiothoracic organ removal commenced

- Enter the appropriate date and time.

Date/time heart/lung block placed on ice in transport box

- If applicable, enter the appropriate date and time.

Date/time heart placed on ice in transport box

- If applicable, enter the appropriate date and time.

Date/time lung pair placed on ice in transport box

- If applicable, enter the appropriate date and time.

Date/time left lung placed on ice in transport box

- If applicable, enter the appropriate date and time.

Date/time right lung placed on ice in transport box

- If applicable, enter the appropriate date and time.

SECTION 3 – Haemodynamics

CARDIAC OUTPUT STUDIES**Date/time of measurement**

- Enter the appropriate date, time and values.
- These values are electronically validated and must fall within acceptable ranges.

PRE-RETRIEVAL HAEMODYNAMICS**Systemic blood pressure****Central venous pressure****Pulmonary artery pressure**

- These values are electronically validated and must fall within acceptable ranges.

SECTION 4 – Thoracic donor information

Bronchoscopy

- Enter 1 if No
- Enter 2 if Yes
 - If yes, description must be provided in the free text box, handwriting must be legible.

Arterial blood gases at retrieval

- Enter the appropriate date, time and values.
- These values are electronically validated and must fall within acceptable ranges.

Pulmonary vein PO₂ at retrieval at FiO₂ (1.0) and PEEP 5cm H₂O

- Enter values in KPa or mmHg

SECTION 5 – Retrieving surgeon details (*Mandatory field*)

Operation completed by

- Enter full name of the person who completed the operation.

Heart, left lung, right lung, heart for valves

- Enter 1 if Not retrieved
- Enter 2 if Retrieved
- Heart for valves:
 - Do not enter Yes if heart for valves is taken by another NORS retrieval team
 - Only enter Yes if your team retrieved the heart for valves
 - If your team did not retrieve the heart for valves, enter 1 for No
- If other organs/tissue were retrieved then write details, handwriting must be legible.

Also in transport box

- Lymph node, Spleen
 - Enter 1 if No
 - Enter 2 if Yes
 - Specify in which transplant boxes the lymph node and spleen samples were placed if applicable.

Appointment held at

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

Position held

- Position must be provided.

Signature

- A signature must be provided – this is a legal document.

SECTION 6 – Untransplantable organs (*if applicable*)

Organ

- Enter organ code if applicable
 - 30 - Heart
 - 61 - Left lung
 - 62 - Right lung
 - 63 - Lung pair
 - 70 - Heart/lung block

Reason untransplantable

- Enter reason Untransplantable if applicable
 - 17 - Donor unsuitable - size
 - 18 - Donor arrested
 - 22 - Insufficient time, **please specify**
 - 24 - Centre already retrieving/transplanting
 - 28 - Poor organ function
 - 30 - Infection, **please specify**
 - 34 - Tumour, **please specify**
 - 35 - Anatomical, **please specify**
 - 44 - Damaged organ, **please specify**
 - 45 - Contamination
 - 50 - Recipient unfit
 - 51 - Recipient died
 - 55 - Limited theatre time

- 74 - Distance
- 76 - Insufficient beds
- 77 - Insufficient staff
- 78 - No theatre
- 79 - Transport difficulties
- 98 - Other, **please specify**
- Description must be provided if code 22, 30, 34, 35, 44 or 98

SECTION 7 – Organ damage *(if applicable)*

Specify any organ damage during retrieval

- Handwriting must be clear and legible.
- Do not record if organs are damaged for any other reason than surgical damage.

SECTION 8 – General comments *(if applicable)*

Complete any general comments about this donor if deemed relevant

- Handwriting must be clear and legible
- **IMPORTANT:** All biopsies taken for histopathology assessment or research purposes must be documented here.

SECTION 9 – Perfusion fluid *(mandatory field)*

Perfusion fluid

- Perfusion fluid code must be provided
- Enter the code for the relevant perfusion fluids:
 - 10 - EuroCollins
 - 20 - University of Wisconsin (UW solution), eg Viaspan
 - 30 - Hyperosmolar citrate (HOC or Marshall's Solution), eg Soltran
 - 40 - Phosphate buffered sucrose (PBS)
 - 50 - St Thomas'
 - 60 - Papworth solution
 - 70 - Low potassium dextran eg Perfadex
 - 80 - Celsior
 - 90 - Histidine-Tryptophan-Ketoglutarate (HTK or Bretschneider's Solution), eg Custodiol
 - 98 - Other
 - 99 - Unknown
 - 77 - Not perfused/not applicable

Batch numbers *(mandatory field)*

- Batch numbers must be provided

SECTION 10 – Details

Form completed by

- Enter full name of the person completing the form so that any queries can be directed to that person.

Position held at

- Position must be provided.

Contact telephone number

- Contact telephone number must be provided.

Date

- Form must be dated.