

FRM6439/8 SARS-CoV-2 Assessment and Screening (in deceased organ donors)



Blood and Transplant

Effective date: 05/12/2022

Donor Number:

Completion of this form is mandatory for ALL donors as part of the donor characterisation process and must be made available to transplant centres and laboratories, as appropriate.

| | Question | Comments/Details |
|--|--|---|
| 1 | Patient Details Name: DOB: Unit Name: | |
| 2 | Admission to hospital Date: Reason: | |
| 3 | Admission to ICU Date: Time: | |
| 4 | Location on admission and subsequent movement in ICU (i.e. side room, open bay) | |
| 5 | Chest X Ray/CT Please ensure the Chest X ray/CT is reviewed by the ICU medical team Any abnormalities to the Chest X ray/CT? Yes No (please give details) Give relevant details in case of changes | |
| Previous SARS-Cov-2 Infection or Known Exposure to SARS-CoV-2 | | |
| 6 | Any history/previous diagnosis of SARS-Cov-2 infection? Yes No | Symptoms: Date of onset of symptoms: |
| 7 | In relation to Q6, was SARS-Cov-2 infection confirmed on RNA testing? Yes No N/A | Date of Diagnosis (date of first positive SARS-CoV-2 RNA): Please also enter available information on table in Q16 |
| 8 | Did this result in a hospital admission? Yes No N/A | Date of hospital admission: Date of discharge: |

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|-----------|---|--|----|---|
| 9 | Please confirm resolution of COVID-19 symptoms including no fever for at least 48 hours | Yes | No | N/A |
| | | If 'No' please specify: | | |
| 10 | Any exposure to a proven case of COVID-19 in the last 10 days? Yes No (check that this was a definitive exposure to someone who was infectious* at the time) <i>*Generally defined as from 48 hours before to around 7-10 days after date of onset of symptoms*</i> | Date of exposure: Nature of exposure: When did the index case test positive? | | |
| 11 | Please confirm the ICU team feel COVID-19 has been reasonably excluded (history, exam tests, radiology). | Yes | No | Any other relevant information, please add to section15 |
| 12 | Please confirm COVID-19 is not a contributory cause of death in this potential donor | Yes | No | Any other relevant information, please add to section15 |

If COVID-19 is a contributory cause of death as determined by ICU team, then donation should NOT proceed

| Vaccination History | | | | |
|---------------------|---|---|----|--|
| 13 | Has COVID-19 vaccine been given | Yes | No | |
| | 1st dose date: Type: 2nd dose date: Type: 3rd dose date: Type: 4th dose date: Type: | Any additional COVID-19 vaccines given. Dates and type of vaccine given: | | |
| 14 | If the donor has been vaccinated against COVID-19, has had an intracranial event and also has low platelets, it may be necessary to seek specialist haematology advice. | | | |
| | Are the intensive care physicians satisfied that Vaccine-induced Thrombosis and Thrombocytopenia (VITT) has been reasonably excluded in this donor, where appropriate? | Yes | No | |

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Any additional information

| | |
|----|---------------------------------|
| 15 | Any other relevant information? |
|----|---------------------------------|

SARS-CoV-2 RNA Results

| | |
|----|--|
| 16 | Summary of SARS-CoV-2 RNA results available to donation team (including pre-admission results). These must be recorded in <u>chronological order</u> . |
|----|--|

| Date and Time Taken DD/MM/YY 00:00 | Sample Type (NTS/NPA/ETA) | Indication for Testing | Details of test results | |
|---------------------------------------|------------------------------|------------------------|---|--------|
| | | | Assay name and cycle threshold (Ct) value where available (get lab assistance to complete) | Result |
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This FRM6439 should be used in conjunction with POL304

Please record Virologist interpretation where that is possible/available.
 Provided COVID-19 is not a contributory cause of death, non-lung offer is possible even when results are consistent with current infection

Virologists and transplant teams requiring further information should contact SN as shown below.

Completed by

Name: _____ Specialist Nurse

Contact number / team pager: _____

Email: _____