

# Deceased Donor Pancreas Information

## Directions for completion

### PLEASE PRESS FIRMLY TO ENSURE TRANSFER OF DATA TO FINAL COPY

- 1 This form should be completed for all deceased donor pancreas retrievals intended for whole organ OR islet transplantation. This form should not be completed when organs are returned immediately to the body.
- 2 **RETRIEVAL TEAM**
  - 2.1 The **retrieving surgeon/Specialist Nurse - Organ Donation** should complete **Sections 1 to 10** of this form.
  - 2.2 **A carbon copy** of the completed sections should be **retained by the retrieval team**.
  - 2.3 The **remaining booklet** should be completed by the accepting centre. For exported pancreases the booklet must **ACCOMPANY THE PANCREAS** in the transport box.
- 3 **ACCEPTING CENTRE FOR TRANSPLANTATION OR ISLET ISOLATION**
  - 3.1 If the accepting centre's intention is to use the pancreas for **whole organ transplantation**, the **transplant surgeon/co-ordinator** should complete **Sections 11 to 14**, even if the pancreas is not used or transferred for islet isolation/transplantation.
  - 3.2 If the accepting centre's intention is to use the pancreas for **islet isolation/transplantation**, the **islet isolation team** should complete **Sections 15 to 18**, even if the islets are not isolated, not used or the whole organ is transferred for whole organ transplantation.
  - 3.3 In all cases, **a carbon copy** of the completed sections should be **retained by the accepting centre**.
  - 3.4 **The remaining booklet should accompany the pancreas in the transport box, if the organ is transferred otherwise the booklet should be returned to NHS Blood and Transplant.**

**Only once all relevant sections are complete should the main booklet be returned to NHS Blood and Transplant**

Forms for NHS Blood and Transplant should be returned to

**ODT Information Services  
NHS Blood and Transplant  
Fox Den Road  
Stoke Gifford  
Bristol  
BS34 8RR**

These forms are supplied by NHS Blood and Transplant and can be re-ordered from ODT Information Services

**Telephone 0117 975 7460**

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## DONOR AFTER CIRCULATORY DEATH CODE

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### Controlled: cardiac arrest is expected/anticipated

- 11 - After withdrawal of treatment in a patient not certified dead by brain stem tests
- 12 - After withdrawal of treatment in a deceased person previously certified dead by brain stem tests

### Uncontrolled: cardiac arrest is unexpected/unanticipated

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

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## PERFUSION FLUID

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- 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), eg Custodiol
- 98 - Other
- 99 - Unknown

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## REASON UNSUITABLE

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- 11 - Donor unsuitable - age
- 12 - Donor unsuitable - past history, please specify
- 28 - Poor organ function
- 30 - Infection, please specify
- 34 - Tumour, please specify
- 35 - Anatomical, please specify
- 36 - Poor organ perfusion
- 44 - Damaged organ
- 45 - Contamination
- 46 - Warm ischaemic time too long
- 47 - Cold ischaemic time too long
- 98 - Other, please specify
- 101 - Organ too small (pancreas islets)
- 102 - Organ fibrotic (pancreas islets)
- 103 - Insufficient distension with collagenase (pancreas islets)
- 104 - Insufficient islet yield (pancreas islets)
- 105 - Insufficient islet viability (pancreas islets)
- 106 - Insufficient islet purity (pancreas islets)
- 107 - Packed cell volume too large (pancreas islets)
- 108 - Organ fatty infiltration (pancreas islets)

**Deceased Donor Pancreas Information**

ODT Donor number  DONOR NAME

DONOR INFORMATION		Section 1
Donor surname	<input type="text"/>	
Donor forename(s)	<input type="text"/>	
Date of birth	<input type="text"/>	
Blood group including, where known, subtypes of A	ABO <input type="text"/>	Rh <small>Negative = N</small> <input type="text"/> <small>Positive = P</small> <input type="text"/>
Donor type <small>Donor after Brain Death= 1</small> <input type="text"/> <small>Donor after Circulatory Death= 2</small> <input type="text"/>	BMI <input type="text"/>	Abdominal girth <input type="text"/> cm
Donor hospital	<input type="text"/>	
Retrieval team	<input type="text"/>	
Date/time donor surgery commenced	<input type="text"/>	at <input type="text"/> (24 hr) <input type="text"/>

DONATION DETAILS		Section 2
<b>If DONOR AFTER BRAIN DEATH</b>		
Date/time ventilation ceased	<input type="text"/>	at <input type="text"/> (24 hr) <input type="text"/>
Date/time of circulatory arrest	<input type="text"/>	at <input type="text"/> (24 hr) <input type="text"/>
<b>If DONOR AFTER CIRCULATORY DEATH (DCD)</b>		
Donor code <small>(See codes inside cover)</small>	<input type="text"/>	

<b>If CONTROLLED DCD</b>		
Date/time treatment withdrawn	<input type="text"/>	at <input type="text"/> (24 hr) <input type="text"/>
Date/time systolic BP <50	<input type="text"/>	at <input type="text"/> (24 hr) <input type="text"/>
Date/time of cardiac arrest	<input type="text"/>	at <input type="text"/> (24 hr) <input type="text"/>
Date/time certification of death	<input type="text"/>	at <input type="text"/> (24 hr) <input type="text"/>
<b>If UNCONTROLLED DCD</b>		
Date/time of cardiac arrest	<input type="text"/>	at <input type="text"/> (24 hr) <input type="text"/>
Date/time resuscitation commenced	<input type="text"/>	at <input type="text"/> (24 hr) <input type="text"/>
Date/time resuscitation ceased	<input type="text"/>	at <input type="text"/> (24 hr) <input type="text"/>
Date/time certification of death	<input type="text"/>	at <input type="text"/> (24 hr) <input type="text"/>

**For ALL donors**

Did donor undergo normothermic regional perfusion (NRP) No = 1  Yes - A-NRP = 2  Yes - TA-NRP = 3  Was any blood from a blood bank used No = 1  Yes = 2

**If NRP utilised, ensure supplementary NRP passport sent with organ**

Date /time NRP commenced (where appropriate) Date  (24 hr)

Date /time NRP stopped (where appropriate) Date  (24 hr)

Was a biopsy taken No = 1  Yes = 2  If yes, what was biopsy taken for

Technique used Neddle = 1  Wedge = 2  Punch = 3  Was site packed and sutured No = 1  Yes = 2

Date/time cold perfusion commenced  (24 hr)

**Deceased Donor Pancreas Information**

**DONATION DETAILS continued** **Section 2**

Aortic perfusion fluid <i>(See codes inside cover)</i>	<input type="checkbox"/>	<input type="checkbox"/>	Aortic perfusion should not be performed with Soltran - if it has been, please explain why
Was there any concern about quality of perfusion	No = 1	<input type="checkbox"/>	If YES, perfusion fluid <i>(See codes inside cover)</i> <input type="checkbox"/>
	Yes = 2	<input type="checkbox"/>	
Bench perfusion (before packing)	No = 1	<input type="checkbox"/>	
	Yes = 2	<input type="checkbox"/>	
Was there any concern about quality of perfusion after bench perfusion	No = 1	<input type="checkbox"/>	If YES, how perfused? <span style="float: right;"><i>Direct through portal vein = 1</i></span>
	Yes = 2	<input type="checkbox"/>	
Separate portal circulation perfusion?	No = 1	<input type="checkbox"/>	
	Yes = 2	<input type="checkbox"/>	

If IMV/SMV, please explain why

Pancreas machine perfused after removal from donor	No = 1	<input type="checkbox"/>	If normothermic, machine perfusion fluid type	Donor blood = 1	<input type="checkbox"/>
	Yes - normothermic = 3	<input type="checkbox"/>		Banked blood = 2	<input type="checkbox"/>
	Yes - hypothermic O <sup>2</sup> = 4	<input type="checkbox"/>		Other = 3	<input type="checkbox"/>
	Yes - hypothermic non-O <sup>2</sup> = 5	<input type="checkbox"/>			

Date/time machine perfusion commenced (where appropriate)     **2 0**   (24 hr)   :

Date/time machine perfusion stopped (where appropriate)     **2 0**   (24 hr)   :

Did machine perfusion stop prior to dispatch No = 1  Yes = 2

Date/time pancreas placed on ice in box (if not transported on perfusion machine)     **2 0**   at   :   (24 hr)

**INFORMATION REQUIRED FOR COMPLIANCE WITH THE QUALITY AND SAFETY OF ORGANS INTENDED FOR TRANSPLANTATION REGULATIONS (2012)**

Please record the batch numbers of **all** perfusion fluid types used Please record the DIN numbers of all banked blood used

Perfusion fluid <i>(See codes inside cover)</i>	Batch number(s)	DIN number(s)

ODT Donor number  DONOR NAME

**ANATOMICAL DETAILS** **Section 3**

Please answer **all** questions in this section

Pancreas and liver retrieved en bloc	No = 1	<input type="checkbox"/>	Other anatomical details
	Yes = 2	<input type="checkbox"/>	
If YES, where was bloc split?	Retrieval centre = 1	<input type="checkbox"/>	
	Liver and Pancreas centre = 2	<input type="checkbox"/>	
	Other = 3	<input type="checkbox"/>	
If other, please specify <input style="width: 100%;" type="text"/>			
Donor iliac artery present	No = 1	<input type="checkbox"/>	
	Yes = 2	<input type="checkbox"/>	
Donor iliac vein present	No = 1	<input type="checkbox"/>	
	Yes = 2	<input type="checkbox"/>	
Spleen attached	No = 1	<input type="checkbox"/>	
	Yes = 2	<input type="checkbox"/>	

**PANCREAS DAMAGE** **Section 4**

Please answer **all** questions in this section

Haematomas	No = 1	<input type="checkbox"/>	Hepatic artery from SMA	No = 1	<input type="checkbox"/>
	Yes = 2	<input type="checkbox"/>		Yes = 2	<input type="checkbox"/>
	Unknown = 9	<input type="checkbox"/>		Unknown = 9	<input type="checkbox"/>
If haematomas, please specify <input style="width: 100%;" type="text"/>					
			Pancreatic capsule damage	No = 1	<input type="checkbox"/>
				Yes = 2	<input type="checkbox"/>
				Unknown = 9	<input type="checkbox"/>
Damage to arterial supply	No = 1	<input type="checkbox"/>	Parenchymal damage	No = 1	<input type="checkbox"/>
	Yes = 2	<input type="checkbox"/>		Yes = 2	<input type="checkbox"/>
	Unknown = 9	<input type="checkbox"/>		Unknown = 9	<input type="checkbox"/>
Pancreatic oedema	No = 1	<input type="checkbox"/>	If parenchymal damage, please specify <input style="width: 100%;" type="text"/>		
	Yes = 2	<input type="checkbox"/>			
	Unknown = 9	<input type="checkbox"/>			
Portal vein length to confluence of SMV/SV	<input type="text"/>	<input type="text"/>	mm	Other	No = 1
					Yes = 2
					Unknown = 9
Pancreatic inflammation	No = 1	<input type="checkbox"/>	If other, please specify <input style="width: 100%;" type="text"/>		
	Yes = 2	<input type="checkbox"/>			
	Unknown = 9	<input type="checkbox"/>			
Pancreas fatty	No = 1	<input type="checkbox"/>			
	Yes = 2	<input type="checkbox"/>			
	Unknown = 9	<input type="checkbox"/>			

**Deceased Donor Pancreas Information**

**DONOR PREPARATION** **Section 5**

Agents used to flush donor duodenum

Preservation solution No = 1  Yes = 2  If YES, please state which     
*(See codes inside cover)*

Antibiotic No = 1  Yes = 2  If YES, please state which

Iodine No = 1  Yes = 2  If YES, please state why

**CROSSMATCH MATERIAL** **Section 6**

Lymph node No = 1  Yes = 2  Spleen No = 1  Yes = 2  Blood No = 1  Yes = 2  Cells No = 1  Yes = 2

**ORGAN USE** **Section 7**

Intended use of pancreas at time of retrieval Solid organ transplantation = 1  Islet transplantation = 2

If pancreas not to be used for solid organ transplantation, please specify  
Reason unsuitable    If code 12, 30, 34, 35 or 98,   
*(See codes inside cover)* please specify

If pancreas not to be used for islet transplantation, please specify  
Reason unsuitable    If code 12, 30, 34, 35 or 98,   
*(See codes inside cover)* please specify

**GENERAL COMMENTS** **Section 8**

Any other general comments about this donor

ODT Donor number  DONOR NAME

TO BE COMPLETED AND SIGNED BY EITHER THE RETRIEVING SURGEON, OR A MEMBER OF THE NATIONAL ORGAN RETRIEVAL TEAM ON THEIR BEHALF:

Operation completed by  Full name - please print

Appointment held at  *(Establishment)*

Position held

**Complete either A:**  
Signature of surgeon named above

**or B:**  
**I can confirm that details on this form have been checked and confirmed as correct by the surgeon named above and that I am signing on their behalf**

Appointment held at  *(Establishment)*

Position held

Signature of member or NORS team signing on behalf of surgeon

**Deceased Donor Pancreas Information**

ODT Donor number  DONOR NAME

**This section should be completed by the transplant surgeon/co-ordinator at the transplant centre accepting the whole pancreas**

Transplant Centre

**ANATOMICAL DETAILS if intended for solid organ use** Section 11

Please answer **all** questions in this section

Pancreas and liver retrieved en bloc	No = 1 Yes = 2 <input type="checkbox"/>	Donor iliac artery present	No = 1 Yes = 2 <input type="checkbox"/>
If YES, where was bloc split?	Retrieval centre = 1 Liver and Pancreas centre = 2 Other = 3 <input type="checkbox"/>	Donor iliac vein present	No = 1 Yes = 2 <input type="checkbox"/>
If other, please specify <input type="text"/>		Spleen attached	No = 1 Yes = 2 <input type="checkbox"/>

Other anatomical details

**PANCREAS DAMAGE if intended for solid organ use** Section 12

Please answer **all** questions in this section

Haematomas	No = 1 Yes = 2 Unknown = 9 <input type="checkbox"/>	Hepatic artery from SMA	No = 1 Yes = 2 Unknown = 9 <input type="checkbox"/>
If haematomas, please specify <input type="text"/>		Pancreatic capsule damage	No = 1 Yes = 2 Unknown = 9 <input type="checkbox"/>
Damage to arterial supply	No = 1 Yes = 2 Unknown = 9 <input type="checkbox"/>	Parenchymal damage	No = 1 Yes = 2 Unknown = 9 <input type="checkbox"/>
Pancreatic oedema	No = 1 Yes = 2 Unknown = 9 <input type="checkbox"/>	If parenchymal damage, please specify <input type="text"/>	
Portal vein length to confluence of SMV/SV	<input type="text"/> <input type="text"/> mm	Other	No = 1 Yes = 2 Unknown = 9 <input type="checkbox"/>
Pancreatic inflammation	No = 1 Yes = 2 Unknown = 9 <input type="checkbox"/>	If other, please specify <input type="text"/>	
Pancreas fatty	No = 1 Yes = 2 Unknown = 9 <input type="checkbox"/>		

**ORGAN USE** Section 13

Intended use of pancreas Solid organ transplantation = 1  
Islet transplantation = 2

If pancreas not to be used for solid organ transplantation, please specify Reason unsuitable  If code 12, 30, 34, 35 or 98, please specify   
*(See codes inside cover)*

If pancreas not to be used for islet transplantation, please specify Reason unsuitable  If code 12, 30, 34, 35 or 98, please specify   
*(See codes inside cover)*

**FORM COMPLETER DETAILS (WHOLE PANCREAS TRANSPLANT CENTRE)** Section 14

Form completed by  Full name - please print

Position held

Contact telephone number

Date  **2 0**

**Deceased Donor Pancreas Information**

This section should be completed by the islet isolation team at the islet isolation centre

Date/time arrived at isolation centre **2 0** at  :   
(24 hr)

Islet isolation centre

ODT Donor number  DONOR NAME

**ANATOMICAL DETAILS Section 15**

Please answer **all** questions in this section

Pancreas weight  grams Duodenum *No = 1*  *Yes = 2*  Spleen *No = 1*  *Yes = 2*   
(Following preparation for islet isolation) staple in situ attached

Other anatomical details

**PANCREAS DAMAGE Section 16**

Please answer **all** questions in this section

Pancreas fibrotic *No = 1*  *Yes = 2*  *Unknown = 9*  Pancreatic capsule damage *No = 1*  *Yes = 2*  *Unknown = 9*

Pancreas nodularity (irregularity) *No = 1*  *Yes = 2*  *Unknown = 9*  Parenchymal damage *No = 1*  *Yes = 2*  *Unknown = 9*

Haematomas *No = 1*  *Yes = 2*  *Unknown = 9*  If parenchymal damage, please specify

If haematomas, please specify

Pancreatic oedema *No = 1*  *Yes = 2*  *Unknown = 9*  Other *No = 1*  *Yes = 2*  *Unknown = 9*

Pancreatic inflammation *No = 1*  *Yes = 2*  *Unknown = 9*  If other, please specify

Pancreas fatty *No = 1*  *Yes = 2*  *Unknown = 9*

**ORGAN USE Section 17**

Pancreas used for islet isolation *No = 1*  *Yes = 2*

If YES, date/time of commencement of islet isolation (Intraductal collagenase injection) **2 0** at  :   
(24 hr)

Islet isolation completed *No = 1*  *Yes = 2*

Enter data post-isolation in the left column with final product release data in the right column (if repeated following islet culture)

Islet yield  x1000 IEQ  x1000 IEQ

Islet viability  %  %

Islet purity  %  %

Packed cell volume  .  mls  .  mls

Endotoxin concentration  .  EU/mg  .  EU/mg

If pancreas not to be used for islet transplantation, please specify Reason unsuitable  If code 12, 30, 34, 35 or 98, please specify   
(See codes inside cover)

**FORM COMPLETER DETAILS (ISLET ISOLATION CENTRE) Section 18**

Form completed by  Full name - please print

Position held

Contact telephone number

Date **2 0**