

**FRM6439/9 SARS-CoV-2 Assessment  
and Screening (in deceased organ  
donors)**



Blood and Transplant

Effective date: 11/10/2023

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:	
4	Cause of Death:  Is COVID-19 contributory to cause of death? Yes                      No	
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	
<b>Previous SARS-Cov-2 Infection or Known Exposure to SARS-CoV-2</b>		
6	Any <b>previous</b> diagnosis of SARS-Cov-2 infection?  Yes                      No Hospitalisation? Yes                      No	Symptoms:  Date of onset of symptoms: Date of symptom resolution/ hospital discharge:
7	In relation to Q6, was SARS-Cov-2 infection confirmed on <b>Antigen</b> or RNA testing?  Lateral Flow  RNA  Clinical diagnosis only	Date of Diagnosis (date of first positive SARS-CoV-2 RNA):  Please also enter available information on table in Q13

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8	Please confirm resolution of COVID-19 symptoms including no fever for at least 48 hours	Yes	No	N/A
		If 'No' please specify:		
9	Please confirm the ICU team feel COVID-19 has been reasonably excluded in <a href="#">this admission</a> (history, exam tests, radiology).	Yes	No	Any other relevant information, please add to section 12

**\*COVID-19 cause of death as determined by ICU team, donation should NOT proceed\***

Vaccination History				
10	Has COVID-19 vaccine been given  1st dose date: Type:  2nd dose date: Type:  3rd dose date: Type:  4th dose date: Type:  5th dose date: Type:	Yes	No	Any additional COVID-19 vaccines given.  Dates and type of vaccine given:
11a	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. <a href="#">If yes, answer 11b</a>			
11b	Are the intensive care physicians satisfied that Vaccine-induced Thrombosis and Thrombocytopenia (VITT) has been reasonably excluded in this donor, where appropriate?	Yes	No	

