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

					N	15	
E	Blood and Transplant						
E	Effective date: 11/10/2023				3		
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	
	•	
Pre	vious SARS-Cov-2 Infection or Known	Exposure to SARS-CoV-2
6	Any previous diagnosis of SARS-Cov-2 infection?	Symptoms:
	Yes No	
	Hospitilisation?	Date of onset of symptoms:
	Yes No	Date of symptom resolution/
		hospital discharge:
7	In relation to Q6, was SARS-Cov-2 infection confirmed on Antigen or RNA testing?	Date of Diagnosis (date of first positive
		SARS-CoV-2 RNA):
	Lateral Flow	Diagonal and an amailtainte
	RNA	Please also enter available information on table in Q13
	Clinical diagnosis	
	only	

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B	Bloc	od a	nd	Trai	nspl	ant	
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8	Please confirm resolution of COVID-19 symptoms including no fever for at least 48 hours	Yes If 'No' please spe	No ecify:	N/A
9	Please confirm the ICU team feel COVID-19 has been reasonably excluded in this admission (history, exam tests, radiology).	Yes Any other relevan	No t information, plea	ase add to section12

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

Vac	Vaccination History						
10	Has COVID-19 vaccine been given	Yes	No				
	1st dose date:	Any additional COVID-19 vaccines given:					
11a	a 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. If yes, answer 11b						
11b	Are the intensive care physicians satisfied that Vaccine-induced Thrombosis and Thrombocytopenia (VITT) has been reasonably excluded in this donor, where appropriate? Yes						

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Any ad	Any additional information							
12 Any other relevant information?								
SARS-0	CoV-2 R	NA Results						
4.0			NA results avai	lable to donation team (including	pre-admission			
res	sults). Th	nese must be rec	orded in <u>chrono</u>	ological order.				
Date an	nd Time	Sample Type	Indication for	Details of test results				
Taken		(NTS/NPA/ETA)	Testing	Assay name and cycle threshold (Ct)	Result			
DD/MM/YY	YY 00:00			value where available (get lab assistance to complete)				
				1				
This FR	M6439 sh	nould be used in co	onjunction with P	OL304				
ease record	d Virologist	interpretation where th	at is possible/availab	le.				
ovided CO\	VID-19 is no	ot a contributory cause	of death, non-lung of	fer is possible even when results are consis	tent with current infection			
Virol	logists ar	nd transplant team	s requiring furthe	r information should contact SN as	shown below.			
Complete		<u> </u>						
Name:	-			Specialist Nurse				
	nber / team p	pager:						
Email:	P	<u> </u>						