

FRM6439/9.1 SARS-CoV-2 Assessment and Screening (in deceased organ donors)



Blood and Transplant

Effective date: 23JAN2026

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	
Previous SARS-Cov-2 Infection or Known Exposure to SARS-CoV-2		
6	Any previous 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 Antigen 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 this admission (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	Yes	No	
	1st dose date: Type:	Any additional COVID-19 vaccines given.		
	2nd dose date: Type:	Dates and type of vaccine given:		
	3rd dose date: Type:			
	4th dose date: Type:			
	5th dose date: Type:			
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. 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	No	

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Any additional information

12	Any other relevant information?
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SARS-CoV-2 RNA Results

13	Summary of SARS-CoV-2 RNA results available to donation team (including pre-admission results). These must be recorded in <u>chronological order</u> .
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Date and Time Taken DD/MM/YYYY 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

This FRM6439 should be used in conjunction with SOP5869

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: