



PAULA STRADIŅA
KLĪNISKĀ UNIVERSITĀTES
SLIMNĪCA

Rīga

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Kaj Anker Jørgensen

Medical Director

Scandiatransplant

Kaj.Joergensen@skejby.rm.dk

***Data requests for the evaluation of Scandiatransplant
membership for Latvia***

“Pauls Stradins Clinical University Hospital”, PLE (hereafter - Hospital) 06.11.2021. received a request from Scandiatransplant to provide answers to questions related to the transplantation process in Latvia.

First of all, we would like to thank you for your interest and kind support in the issue of integration of Latvia into Scandiatransplant cooperation platform. Hospital specialists are ready to contribute to the process with full efficiency and take all the necessary steps to ensure the highest quality standards.

Please find attached document with answers to questions and its annexes. The Hospital specialists are ready to provide more detailed clarifications if necessary.

We very much appreciate your support and are looking forward to our future cooperation.

Annexes:

1. Annex 1 Immunogenetics and Histocompatibility Testing: Luminex-based analysis 1 p.
2. Annex 2 List of procedures that regulate the organ transplant process 2 p.
3. Annex 3 Number of potential and utilized donations and number of transplants for each organ for the past five years, including number of individuals on the wait list 1 p.
4. Annex 4 Donor reports: heart, liver, kidneys, pancreas and lungs 20 p.

Chairman of the Board

Rinalds Muciņš

E.Lapiņa +371 6709 5383

Dokuments parakstīts ar drošu elektronisko parakstu un satur laika zīmogu

Data requirements for the evaluation of Scandiatransplant membership for Latvia

Nr.	Question	Answer
1.	<i>The Contractor</i>	
1.1.	What is the official entity in Latvia that would seek a membership in Scandiatransplant collaboration?	Pauls Stradiņš Clinical University Hospital, PLC
1.1.1.	What is the correct name of the institution?	Pauls Stradiņš Clinical University Hospital (hereafter – Hospital)
1.1.2.	Who is the legal owner of this institution?	Ministry of Health, Latvia
1.2.	Is the hospital Director at the hospital willing and authorized to sign the “Agreement of Membership” with Scandiatransplant?	<p>Director of the Hospital (Chairman of the Board - CEO) is willing to sign the “Agreement of Membership” with Scandiatransplant.</p> <p>CEO of the Hospital is authorised to sign the agreement in accordance with the Hospital's statutes and the authority of the board.</p>
1.3.	Who would be authorized to sign the necessary Data Processor Agreement with Scandiatransplant at your hospital?	CEO of the Hospital is authorised to sign the Data Processor Agreement in accordance with the Hospital's statutes and the authority of the board.
1.4.	What is the precise number and names of the units within the applying institution that would be involved in the organ transplant	<p>According to Organ transplant process and organization Guidelines of quality management system (elaborated and approved by the Hospital, 03.03.2020.), there are 4 units of the Hospital involved in organ transplant activities:</p> <ol style="list-style-type: none"> 1. <u>National Transplant Coordination Unit (NTCU)</u>

	activity? Who are the responsible individuals, and what is their capacity/title?	<p>Person in charge - Jurijs Bormotovs, Head, anaesthetist/ICU physician, MD.</p> <p>The main responsibilities are: i) to ensure the coordination of transplantation at the national level and to promote international co-operation in organ exchange and transplantation, ii) to establish and maintain a Latvian and international donor, recipient and transplantation register.</p> <p>2. <u>Latvian Transplantation Centre</u></p> <p>Person in charge - Janis Jusinskis, Head, MD, transplant surgeon</p> <p>3. <u>Department of General Surgery</u></p> <p>Person in charge – Janis Vilmanis, MD, surgeon, Deputy Chief Doctor of the Hospital</p> <p>4. <u>Department of Cardiac Surgery</u></p> <p>Person in charge – Uldis Strazdins, MD, Chief physician in acute cardiac surgery</p>
1.5.	How is the institution financed?	<p>The Hospital's funding is financed by the National Health Service, Republic of Latvia. Additional funding is provided by patient contributions for health services and paid services.</p> <p>The NTCU financing is provided by authorization agreement of the Ministry of Health.</p> <p>Infrastructure investments are provided by European funding and Hospital's co-funding.</p>
1.6.	What is the current financial situation of your institution, and of other parts of the organ transplant activity?	<p>The provision of funding is stable and continuous on the basis of the regular contracts mentioned in paragraph 1.5.</p>
2.	<i>The organ transplant activity</i>	
2.1.	What is the current activity and potential (number of potential and utilized donations and number of transplants for each organ for the past five years,	<p>Number of potential and utilized donations and number of transplants for each organ for the past five years, including number of individuals on the waiting list are compiled and reflected in Annex 3.</p> <p>Data on patient survival are estimated for one-, five- and ten-years. Analysis is currently underway and it is being done by taking into account the results of 2021. Once the cumulative data has been qualitatively evaluated, it will be sent upon request.</p>

	including number of individuals on the wait list and current graft and patient survival)?	
2.2.	How is the institutional capacity for maintaining and for expanding the organ donation and transplant program (please specify donation, for all organs and for related laboratory services).	<p>Institutional capacity outreaches actual load of each organ donation program.</p> <p>There are three established donation & transplantation programs: kidney, heart and liver.</p> <p>The Cardiac Surgery Centre of the Hospital yearly performs more than 1000 all spectrum open heart surgeries and could fully ensure the number of transplantations required for the Latvian population. However, the current small number of cardiac transplantations is mainly due to the lack of register for heart failure patients and the insufficient identification of recipients. In order to increase the volume of heart transplantations, the identification of potential candidates is being improved by working with cardiology departments, by implementing educational lectures on the treatment of heart failure (recognition, selection and referral of potential recipients to a heart transplant council) in cooperation with European Social Fund and Latvian Medical Association. It is expected that this will double or triple the number of cardiac transplantations and all donor hearts offered by the NTCU will be used. In 2022, the construction of separate postoperative intensive care rooms required for heart transplants is planned.</p> <p>Expansion of kidney donors is planned as well – donations from ECD (usually ~ 40% of all donations) + the use of DCD (currently uDCD, in perspective also cDCD).</p> <p>Transplantation laboratory services are provided by the Hospital's Laboratory, Laboratory of Histocompatibility and Immunogenetics (hereafter – H&I). H&I Laboratory is a subunit in the Hospital's Laboratory since 2017. The Laboratory has been accredited according to ISO15189 since 2016. Methods used for H&I testing are ISO15189 accredited (last visit 2021)</p> <p>Organ donor H&I testing is provided on call 24/7.</p> <p>In Immunogenetics and Histocompatibility Testing Luminex-based analysis since May 2021 (please see Annex 1).</p>

		<p>Activities planned to meet the requirements of EFI accreditation:</p> <ul style="list-style-type: none"> - SSP (RT-PCR) technology implementation for HLA typing (2022) - Data accumulation to fulfil EFI requirements (2022) - Packet A submission to EFI accreditation commission (2023)
2.3.	<p>Please provide all available current written procedures (if any) related to organ donation and transplant, including an English translation of the national transplant law and other regulations that you would consider relevant.</p>	<p>Regulation of the Cabinet of Ministers regulating the organization of the transplantation process are available by following the links on the Internet (in English):</p> <ol style="list-style-type: none"> 1. Republic of Latvia, Cabinet Regulation No. 70, adopted 29 January 2013 “Regulations Regarding Use of Human Organs in Medicine, as well as Use of Human Organs and Body of Deceased Human Being for Medical Studies” https://likumi.lv/ta/en/en/id/254753 2. The Supreme Council of the Republic of Latvia, 15 December 1992 “Law on the Protection of the Body of Deceased Human Beings and the Use of Human Tissues and Organs in Medicine, https://likumi.lv/ta/en/en/id/62843 <p>The hospital has a set of procedures that strictly regulate the organ transplant process, stakeholders and related activities. Please see the list in Annex 2. Documents in English regulating the process of international organ exchange are attached as Annex 4.</p>
2.4.	<p>Please provide a description of systems for quality control for all relevant steps of the organ transplant process, including organ donation, tissue typing, infectious disease control, candidate selection, allocation and recipient follow up.</p>	<p>Once every three years, the National State Agency of Medicines conducts the audit of transplantation processes of the hospital. Within the framework of the audit, the compliance of the processes with the international and national legislation are analysed and evaluated. The last audit was performed in 2020.</p> <p>Quality control of organ donation and procurement based on EDQM guidelines, Latvian Law on the Protection of the Body of Decreased human and Regulations of the Cabinet of Ministers regarding determination the fact of brain and biological death, and medical use of human organs.</p> <p>The Hospital has developed and established standards of procedures (SOPs, based on EDQM guidelines) for:</p> <ol style="list-style-type: none"> 1.Initial report for suspected serious adverse events or reactions. 2.Final report for serious adverse events or reactions.

- 3. Act of human organ transfer for transplantation.
- 4. Donor organ evaluation and description (for each organ).
- 5. Deceased and living donor selection, screening and allocation.
- 6. Organ exchange between foreign countries.
- 7. Waiting list maintenance.
- 8. Organ procurement from deceased and living donor.
- 9. Work organization of specialized transplant team.
- 10. Preservation for each donor organ.
- 11. Organ traceability (incl. in case of international organ exchange).
- 12. Acceptance and rejection of donor organs.
- 12. Utilisation of rejected donor organs.
- 13. Safety of donor organ packing, labelling and transporting.

Each step of organ donation, starting from the referral to procurement, is fully documented and protocolized according to our Hospital's Guidelines. Each event is documented in the Registry of Organ Procurement Organization (hereafter – OPO). Each donor is being encoded with unique number assigned by OPO.

After interview, each donor is going through meticulous analysis of present and past medical history. All data from the potential donor's medical record, is registered (paper and e-registry). Donor medical management is based on local recommendations and has small differences from EDQM guide.

Each donor is being screened for infectious diseases (incl. Toxoplasma, syphilis, HIV, HCV (Ag, Anti-HCV), HBsAg, anti-HBs, anti-HBc, CMV IgM and IgG, EBV VCA IgM and IgG, EBV EBNA IgG) and full panel of assays: full blood count, biochemistry, etc. regarding the organ which will be used.

After gathering all the necessary data, OPO transfers all information to transplant team involved, who perform allocation for each organ and refer back to OPO. In case if any of available organs will not be used in Latvia, OPO together with transplant team fill and sign the act of making an offer of donor's organ to other country or

		<p>OPO. In case of international organ exchange, the same procedures are performed and followed: donor organ description is given to transplant coordinator of foreign OPO, act of organ transfer is signed, organ package is labelled and feedback form about the results of transplant and condition of the recipient is received from the host OPO.</p> <p>All data are documented, archived and protected according to EU and national legislation.</p> <p>Transplant coordinator performs monitoring, documentation and tracking of any events during procurement surgery on-site, until each organ is packed, labelled and given away to transplant surgeons, according SOPs mentioned above. To maintain the safety and quality of donor organ, transportation to the recipient hospital is monitored and protocolized.</p> <p>To maintain the qualification of our transplant coordinators, annual local courses are being held. International trainings are available as well.</p> <p>Debriefings of OPO office are organized every three months.</p> <p>ICU physicians and anaesthetists who are involved in transplantation participate in conferences together with Latvian Transplantation Centre and Latvian Association of Anaesthesiologists and Reanimatologists on regular basis. For coordinators and ICU staff in all donor hospitals of Latvia, annual training course is being held at least once in a year.</p> <p>To measure and to evaluate the results, The Hospital adopted and introduced the quality indicators on: organ donor detection, evaluation, referral, precise brain death diagnosis, proper donor management, family consent rate, ratio of median waiting time for organ to size of waiting list, and education in donation and transplantation.</p>
2.5.	Please provide your plans for education and supervision of the transplant professionals involved in the organ transplant activity	<p>Residency program on transplantology (Riga Stradins University) + ESOT training programs, qualification courses at ESOT, TTS, ISODP), international projects for training in organ donation and transplantation (for example, PSCUH, Latvian University & international partners in TEODOR Seeding Life projects). Annual education conferences of organ donation and transplantation for anesthesiologists and reanimatologists.</p> <p>Education of transplant coordinators involves:</p>

	and related activities.	<ul style="list-style-type: none"> • Annual DTI/TPM advanced educational course in organ and tissues procurement • EDTCO/ESOT certification <p>Transplant team surgeons have a regular internship in European Transplant centers.</p> <p>In order to ensure necessary qualifications for transplant specialists, following activities will be performed:</p> <p>1. Annual DTI/TPM advanced educational course in organ and tissues procurement.</p> <p>2. EDTCO/ESOT certification.</p>
2.6.	Please provide a summarized historical overview of transplant activity within the last ten years, including international collaborations and organ exchange for all organs and related activities.	<p>Organ transplantation in Latvia was started in 1973 with live donor kidney transplantation. The Hospital is the oldest university hospital in Latvia and the only one in the country, which provides organ transplantation.</p> <p>Organization and coordination of donor organs are provided by NTCU, an independent structure located in the Hospital. NTCU functions are delegated by the Ministry of Health. Office staff and nine coordinators in other hospitals provide high-specialized management in organ donation and transplantation coordination in 24/7 mode.</p> <p>Till January 2020, 2062 kidney, 27 heart, 9 liver, 4 pancreas, and 88 penetrating cornea transplantations have been performed in Latvia. Organ donation and transplantation is provided by Latvian Transplantation Centre and specialized transplantation units in Cardiosurgery, General surgery, and Eye Clinics.</p> <p>The main problem for the development of organ transplantation is a shortage of donors because of the small population in Latvia (1.9 million). For many years Latvia had participated in the donor network of the Baltic states – Estonia and Lithuania. As Estonia joined Scandiatransplant, our only partner in donor organ exchange is Lithuania, but it is still complicated to get donor organs in acute situations and for sensitized patients.</p> <p>The first successful liver transplantation in Latvia has been performed in 2011.6 Until 2017, liver transplant activities have been on a hiatus and patients had been listed at other European Centers (mainly Tartu, Estonia), returning to Latvia for post-transplant care. Liver transplant activities resumed in 2018 at the Hospital and 10 liver transplants (including one urgent retransplantation) have been performed.</p> <p>For many years, Latvia has participated in the donor network of the Baltic states (Balt-transplant). Recently,</p>

		<p>Estonia has joined Scandiatransplant and Latvia continues to cooperate for kidney and heart donations with Lithuania. Close co-operations continue also with the National Center of Pathology, an Affiliate of Vilnius University Hospital Santaros Klinikos.</p> <p>Development of our center in the last 10 years:</p> <ul style="list-style-type: none"> - 4 PhD in transplantation defended; - 3 international projects (COORENOR, MODE, ACCORD), this year a new project starts – Transeuropean Educational Initiative in Organ Donation and Transplantation, https://tpm-dti.com/teodor-the-most-recent-european-project-on-training-in-organ-donation-and-transplantation/ - 2 clinical trials in the field; - more than 50 scientific reviews on International conferences; - more than 40 cited scientific publications in international journals and 8 in PubMed; - introduction of LifePort – kidney transplant perfusion machine. - annual participation in EDQM CD-P-TO commission. <p>Cases of international organ exchange are performed annually. During last 5 years Latvia exported 14 livers, 8 hearts and 8 kidneys to Lithuania, Eurotransplant countries (incl.France, Germany, Netherlands) and Swisstransplant. In all cases our OPO got a positive feedback, which proves good level of competence and quality control in organ procurement and exchange.</p> <p>In 2019 the Hospital signed an agreement and became a member of organ exchange organization FOEDUS.</p> <p>The Hospital collaborates with the University of Tartu Hospital on the steps to be taken to join Scandiatransplant organization.</p>
3.	<i>Societal considerations</i>	
3.1.	What are the general public attitudes towards organ donation in your country?	<p>For the last 5 years family consent rate improved and this year it's 71%.</p> <p>From 1 February 2021, individuals are able to express their will regarding the use of their bodies and organs after death by making an appropriate entry in the national eHealth system. It is also can be done by registering</p>

		<p>person's position in the Population Register of the Office of Citizenship and Migration Affairs. By June 2018, 2,377 persons had registered their will in the Population Register.</p> <p>In order to educate the public and ensure that it understands the existing transplant system in Latvia (the principle of presumed consent and how to express a desire to ban or allow the use of one's body, tissues and organs after death), the law stipulates that the Ministry of Health organizes regular campaigns to encourage the population to get involved in the organ donation process.</p> <p>Deceased donation in Latvia is based on a presumed consent with the possibility to register as a "nondonor". Even though the legal framework is clear, family consent is usually obtained before organ procurement.</p> <p>For public education, seminars are being held twice a year in Office of Citizenship and Migration Affairs, Republic of Latvia.</p> <p>To raise awareness for organ donation, Latvia is participating in the EU project on "Training and social awareness for increasing organ donation in the EU and neighbouring countries".</p>
3.2.	What are the legal requirements for organ donation (living and dead)?	<p>Deceased donation – presumed consent.</p> <p>At the moment Latvia has an "soft" opt-out system: in case if the Donor registry has no information about the will of the dead person, NTCU must search for relatives and ask them about potential donor's attitude toward donation during donor was alive.</p> <p>Living donation – removal of tissues and organs from a living donor is based on informed consent and is performed in accordance with the procedures specified by the law and regulations.</p>
3.3.	Who has access to organ transplant in your country?	Access to organ transplantation is restricted to the residents only.
3.4.	How is organ donation, transportation and transplantation financed, and are there any restrictions in the	<p>Financial support is provided by the Ministry of Health, National Health Service in particular. In the case of transplantation, the organ donor and the recipient do not pay the patient's contribution.</p> <p>There are not any restrictions in the annual number of donors or recipients.</p>

	annual number of donors or recipients?	
3.5.	How are the costs for the recipient covered?	All the costs for the recipient are covered by National Health Service.
4.	Local expectations	
4.1.	Who wishes to join the Scandiatransplant collaboration, and what is the motivation?	<p>Decision to join the Scandiatransplant has been taken by Ministry of Health together with heart, kidney, liver transplantology specialists, pulmonologists and NTCU.</p> <p>The main reasons to join Scandiatransplant:</p> <ul style="list-style-type: none"> • Geographic location. • The nearest network for organ sharing • Previous collaboration with member states in transplantation and other fields of medicine. • AirBaltic – Latvian national airline with convenient and fast connections to Scandiatransplant member states and cities.
4.2.	How do you expect donation and transplant activities to develop in the future in your country?	<ul style="list-style-type: none"> • Provide lung transplantation for Latvia citizens and start lung transplantation in Latvia. • Improve the quality and safety in organ procurement and transplantation. • Increase the number of all transplantations. • Exchange of organs to provide donor organs for sensitized recipients. • We expect improvement of donation activities to > 20 effective organ donors pmp. <p>Latvian specialists continue to work actively and participate in projects with the aim of promoting a positive attitude towards organ donation.</p>
4.3.	What transplant volume would you consider a minimum for maintaining transplant activity of sufficient quality at your centre	<p>Kidneys – 40 - 50 per year</p> <p>Liver –10-15 per year</p> <p>Heart –5-10 per year</p>

	(please specify for each organ)?	
4.4.	What do you consider to be the greatest strengths, weaknesses (internal factors) and opportunities and threats (external factors) to your transplant centre?	<p>Our main challenges in the future are:</p> <ul style="list-style-type: none"> • Develop HLA laboratory with European Federation for Immunogenetics accreditation • Improve collaboration with Regional hospitals with aim to increase the number of donors • Increase transplant numbers and provide lung transplantation for Latvian citizens • To become an associate member of Scandiatransplant. <p>Weaknesses:</p> <ul style="list-style-type: none"> • Small population, that gives low number of donors. • Staff turnover and lack of staff in some positions (nurses). <p>Strengths:</p> <ul style="list-style-type: none"> • One centralized Transplantation centre in Latvia. • One National Organ procurement centre with network of donation hospitals throughout Latvia. • 48 years of experience in the field of organ donation and transplantation.
4.5.	What would be the alternatives to a full membership in Scandiatransplant for you?	The possible alternatives are continuing and improve collaboration with Lithuania in organ exchange and develop collaboration with Poland.

Test Application	Core technologies	Supplemental technologies	Successful EPT	ISO15189 accredited
HLA Typing	Luminex-SSO HLA-A, -B, -C, -DRB1, -DQB1/DQA1, -DPB1/DPA1	CDC HLA-A, -B, -C HLA-DRB1, -DQB1	2021 Instand and ETRL Certified	YES
	rSSO (auto-LiPA) HLA-A, -B, -C, -DRB1, -DQB1	CDC I class HLA-A, -B, -C	2021 Instand and ETRL Certified	YES
Anti-HLA detection	Luminex-LabScreen MixI/II	CDC Class I (LCT1W60)	2021 Instand and ETRL Certified	YES
Anti-HLA identification	Luminex-Labscreen Single Antigen Class I and II	Luminex-Labscreen PRA Class I and II	2021 Instand and ETRL Certified	YES
Crossmatching	CDC separated T and B cells (DTT+/-)		2021 Instand and ETRL Certified	YES
	CDC unseparated cells		2021 Instand and ETRL Certified	YES

Organ transplantation

ID	Version	Name of procedure	Approval date
P-Arst-LTC-01	04	Selection of the deceased donor identity check for organ transplantation	24.02.2020
P-Arst-LTC-02	04	Reporting procedures for serious adverse reactions and events	14.03.2018
P-Arst-LTC-03	05	Organ exchange with other countries	21.02.2020
P-Arst-LTC-04	04	Living donor selection and identity verification for organ transplantation	21.02.2020
P-Arst-LTC-05	04	Formation of transplantation waiting list	21.02.2020
P-Arst-LTC-06	04	Organ procurement for transplantation from deceased donor	25.02.2020
P-Arst-LTC-07	03	Organization of specialized team in organ procurement for transplantation	25.02.2020
P-Arst-LTC-08	03	Procedures for donor and organ characterization	27.02.2020
P-Arst-LTC-09	04	Organ procurement for transplantation from living donor	25.02.2020
P-Arst-LTC-10	04	Procedures for organ conservation	25.02.2020
P-Arst-LTC-11	03	Procedures for packaging and labeling of organs	05.03.2018
P-Arst-LTC-12	04	Procedure of organ transporting	26.02.2020
P-Arst-LTC-13	04	Traceability of organs	26.02.2020
P-Arst-LTC-14	03	Procedures of acceptance or rejection of organs	27.02.2020
P-Arst-LTC-15	03	Procedure of organ transplantation	26.02.2020

P-Arst-LTC-16	02	Dispatch of organs for disposal	05.03.2018
P-Arst-LTC-17	02	Risk identification and management	05.03.2018
P-Arst-LTC-18	02	Recommendations for organization of liver transplantation	27.02.2020
P-Arst-LTC-19	02	Ensuring the admission and investigation process of a potential recipient in the pretransplant phase	23.02.2020
P-Arst-LTC-20	01	Procedures for outpatient monitoring of recipients and living donors	26.02.2020

Donation activity

Donors/years	2017	2018	2019	2020	2021
Potential donors	67	61	51	46	42
Utilized donors	22	25	19	21	18

Transplantation activity

Organ/year	2017	2018	2019	2020	2021
Kidney	44	39	32	38	28
Heart	1	3	0	2	2
Liver	0	6	2	2	1
Pancreas	0	1	0	0	0

Transplant waiting list

Month	2017		2018			2019			2020			2021		
	Kidney	Heart	Liver	Kidney	Heart	Liver	Kidney	Heart	Liver	Kidney	Heart	Liver	Kidney	Heart
January	27	7		51	8	5	37	6	6	36	8	7	25	11
February	28	4		53	3	7	29	6	6	36	8	7	25	11
March	28	4		51	8	7	37	7	6	36	8	7	30	11
April	18	2		51	8	7	40	7	6	36	8	9	23	11
May	41	5		49	3	7	40	7	6	36	8	9	29	11
June	41	5	6	41	5	4	39	7	6	36	8	9	29	11
July	41	5	3	38	5	8	38	7	6	36	8	9	29	11
August	37	7	3	34	2	7	35	8	7	26	9	9	29	11
September	37	7	4	38	4	7	39	8	7	26	9	11	29	11
October	41	5	4	38	4	6	35	8	6	30	11	11	29	11
November	53	8	4	38	4	6	29	8	6	30	11	11	29	13
December	51	8	5	35	5	6	29	8	6	30	11	11	29	13

Donor reports: heart, liver, kidneys, pancreas and lungs



DONOR AND KIDNEY REPORT

It is containing personal data. Protect against unauthorized disclosure or access.

Organization, center, name, address:	VSIA "Paula Stradiņa klīniskā universitātes slimnīca", Nacionālais transplantācijas koordinācijas dienests, Pilsuņu iela 13, Rīga, LV-1002
Contact phone, fax:	67069570, 67212515
Donor hospital, name, address	_____

DONOR REPORT

Donor identification code: _____

Patient documentation ID: _____

Gender: male female Date of birth _____
/dd.mm.yyyy/

ABO type _____ Rh _____

Legal consent Donor Yes No

Legal consent Relatives: Yes No _____

Weight _____ Height _____

Body T⁰ _____ Blood pressure mm/Hg _____

Diuresis /last 24h/ _____ Diuresis last h: _____

Hypotensive period: Yes No _____

Cardiac arrest: Yes No _____

ANAMNĒZE:

Adb. drainage Medicament abuse

Adb.lavage Drug abuse

Aspiration Alcoholism

Smoking Ca in anamnesis

Art.hypertension Cardiac disease

Kidney disease Pancreas disease

Sepsis Trauma

Urological disease Diabetes mell

Arrhythmias Liver disease

Transmissible disease

NOTES:

EVENT

Date of event _____ Time _____

Date of information report to TC _____ Time _____

Date of admission on _____ Time _____

Date of death _____ Time _____

Cause of death _____

Date of brain death _____ Time _____

Brain death diagnosis: clinical clinical and angiography

clinical and doppler clinical and EEG

MEDICATIONS

Diuretics _____

Vasopressors _____

Antibiotics _____

Others _____

Blood transfusions: Yes No _____

Plasma expanders: Yes No _____

SEROLOGY

anti-CMV IgG _____ anti-CMV IgM _____ anti-EBV VCA IgG _____ anti-EBV VCA IgM _____ anti-EBV EBNA IgG _____

anti-HIV 1/2 _____ HBsAg _____ anti-HBs _____ anti-HBc _____ anti-HCV _____ anti-TP IgG/ IgM _____

HLA

A _____ B _____ Cw _____ Bw _____ DR _____ DQ _____

A _____ B _____ Cw _____ Bw _____ DR _____ DQ _____

Conclusion of transplantologist in charge: _____

Transplantologist in charge: _____ Signature: _____

/name, surname/

DONOR LEFT KIDNEY REPORT

No. of arteries: _____ Panch: Yes No Uters: Long Short
 No of viens: _____ Panch: Yes No

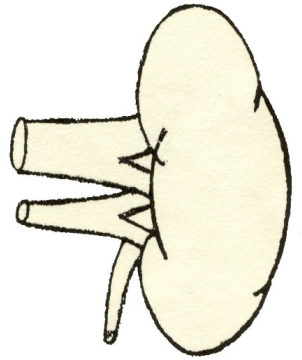
Surgeon _____
PRESERVATION

Heparin: _____ IU at _____ hrs
 Others: _____ hrs
 Warm ishaemija: _____ hrs Cold perfusion: _____ hrs

Kind of perfusate: _____ Volume of perfusate: _____
 Perfusion: good acceptable poor Hours: at _____ h

PERSONNEL INFORMATION, WHO TOOK PART IN EXPLANTATION /surgeon, instr.nurse, name, surname/:

 Removal time: _____



KIDNEY GIVEN TO:

Blood sent with kidney: Yes No

DONOR RIGHT KIDNEY REPORT

No. of arteries: _____ Panch: Yes No Uters: Long Short
 No of viens: _____ Panch: Yes No

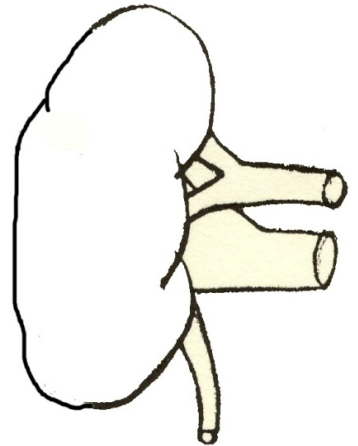
Surgeon _____
PRESERVATION

Heparin: _____ IU at _____ hrs
 Others: _____ hrs
 Warm ishaemija: _____ hrs Cold perfusion: _____ hrs

Kind of perfusate: _____ Volume of perfusate: _____
 Perfusion: good acceptable poor Hours: at _____ h

PERSONNEL INFORMATION, WHO TOOK PART IN EXPLANTATION /surgeon, instr.nurse, name, surname/:

 Removal time: _____



KIDNEY GIVEN TO:

Blood sent with kidney: Yes No

EXPLANTATION
 Date: _____ Start of explantation: _____ End of explantation: _____
 /dd.,mm.,yyyy./ /h,min/ /h,min/

Perfusion solution: _____ Start of perfusion: _____ End of perfusion: _____
 /h,min/ /h,min/

RECIPIENTS INFORMATION:

Organ	Recipient code	Gender (M/F)	Age	Date of transplantation, center	Function	Diagnosis	Complications
Right kidney							
Left kidney							
Heart							
Liver							
Pancreas							
Lungs							
Right eye							
Left eye							

Transplantologist in charge _____ Signature: _____
 /name, surname/

Transplantation coordinator: _____ Signature: _____
 /name, surname/



DONOR AND LIVER REPORT

It is containing personal data. Protect against unauthorized disclosure or access.

Organization, center, name, address:	VSIA "Paula Stradiņa klīniskā universitātes slimnīca", Nacionālais transplantācijas koordinācijas dienests, Pilsuņu iela 13, Rīga, LV-1002
Contact phone, fax:	67069570, 67212515
Donor hospital, name, address	_____

DONOR REPORT

Donor identification code: _____	ANAMNĒZE:
Patient documentation ID: _____	<input type="checkbox"/> Adb. drainage <input type="checkbox"/> Medicament abuse
Gender: <input type="radio"/> male <input type="radio"/> female Date of birth _____	<input type="checkbox"/> Adb.lavage <input type="checkbox"/> Drug abuse
_____ /dd.mm.yyyy/	<input type="checkbox"/> Aspiration <input type="checkbox"/> Alcoholism
ABO type _____ Rh _____	<input type="checkbox"/> Smoking <input type="checkbox"/> Ca in anamnesis
Legal consent Donor <input type="radio"/> Yes <input type="radio"/> No	<input type="checkbox"/> Art.hypertension <input type="checkbox"/> Cardiac disease
Legal consent Relatives: <input type="radio"/> Yes <input type="radio"/> No	<input type="checkbox"/> Kidney disease <input type="checkbox"/> Pancreas disease
_____	<input type="checkbox"/> Sepsis <input type="checkbox"/> Trauma
Weight _____ Height _____	<input type="checkbox"/> Urological disease <input type="checkbox"/> Diabetes mell
Body T⁰ _____ Blood pressure mm/Hg _____	<input type="checkbox"/> Arrhythmias <input type="checkbox"/> Liver disease
Diuresis /last 24h/ _____ Diuresis last h: _____	<input type="checkbox"/> Transmissible disease
Hypotensive period: <input type="radio"/> Yes <input type="radio"/> No	_____
Cardiac arrest: <input type="radio"/> Yes <input type="radio"/> No	_____
_____	_____
_____	_____

NOTES:

EVENT	MEDICATIONS
Date of event _____ Time _____	Diuretics _____
Date of information report to TC _____ Time _____	Vasopressors _____
Date of admission on _____ Time _____	Antibiotics _____
Date of death _____ Time _____	Others _____
Cause of death _____	_____
Date of brain death _____ Time _____	Blood transfusions: <input type="radio"/> Yes <input type="radio"/> No
Brain death diagnosis:	_____
<input type="radio"/> clinical <input type="radio"/> clinical and angiography	Plasma expanders: <input type="radio"/> Yes <input type="radio"/> No
<input type="radio"/> clinical and doppler <input type="radio"/> clinical and EEG	_____

SEROLOGY

anti-CMV IgG _____	anti-CMV IgM _____	anti-EBV VCA IgG _____	anti-EBV VCA IgM _____	anti-EBV EBNA IgG _____
anti-HIV 1/2 _____	HBsAg _____	anti-HBs _____	anti-HBc _____	anti-HCV _____
				anti-TP IgG/ IgM _____
A _____	B _____	Cw _____	Bw _____	DR _____
A _____	B _____	Cw _____	Bw _____	DR _____

HLA

Conclusion of transplantologist in charge: _____

Transplantologist in charge: _____ **Signature:** _____

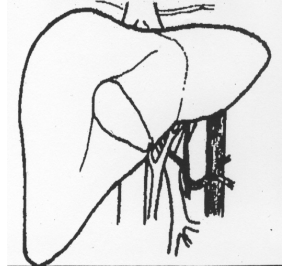
_____ /name, surname/

DONOR LIVER REPORT

No. of arteries: _____ **Panch:** _____ Long Short
No. of viens: _____ **Panch:** _____ Long Short
Infrahepatic inf. vena cava: _____ **Panch:** _____ Long Short
Suprahepatic inf. vena cava: _____ **Panch:** _____ Long Short
Phenic viens No.: _____ **Tied'off:** _____ Yes No
Bile duct: Long Short **Flushed:** Long Short **Cholecystectomy:** Long Short
Inclosed: _____
Iliac arteries: Yes No _____ cm **Iliac arteries:** Yes No _____ cm

Notes: _____

Surgeon _____
PRESERVATION
Heparin: _____ IU **at** _____ **hrs** **Aortic placement time**
Others: _____ **hrs**
Warm ishaemija: _____ **hrs** **Cold perfusion:** _____ **hrs**
Kind of perfusate: _____ **Volume of perfusate:** _____
Perfusion: good acceptable poor **Hours:** at _____ h



PERSONNEL INFORMATION, WHO TOOK PART IN EXPLANTATION /surgeon, instr.nurse, name, surname/

Removal time: _____

LIVER GIVEN TO: _____ **Blood sent with liver:** Yes No

EXPLANTATION

Date: _____ **Start of explantation:** _____ **End of explantation:** _____
 /dd.,mm.,yyyy./ /h;min/ /h;min/
Perfusion solution: _____ **Start of perfusion:** _____ **End of perfusion:** _____
 /h;min/ /h;min/

RECIPIENTS INFORMATION:

Organ	Recipient code	Gender (M/F)	Age	Date of transplantation, center	Function	Diagnosis	Complications
Right kidney							
Left kidney							
Heart							
Liver							
Pancreas							
Lungs							
Right eye							
Left eye							

Transplantologist in charge _____ **Signature:** _____
 /name, surname/
Transplantation coordinator: _____ **Signature:** _____
 /name, surname/



DONOR AND HEART REPORT

It is containing personal data. Protect against unauthorized disclosure or access.

Organization, center, name, address:	VSIA "Paula Stradiņa klīniskā universitātes slimnīca", Nacionālais transplantācijas koordinācijas dienests, Pilsõņu iela 13, Rīga, LV-1002
Contact phone, fax:	67069570, 67212515
Donor hospital, name, address	_____

DONOR REPORT

Donor identification code: _____

Patient documentation ID: _____

Gender: male female Date of birth _____
/dd.mm.yyyy/

ABO type _____ Rh _____

Legal consent Donor: Yes No

Legal consent Relatives: Yes No _____

Weight _____ Height _____

Body T⁰ _____ Blood pressure mm/Hg _____

Diuresis /last 24h/ _____ Diuresis last h: _____

Hypotensive period: Yes No _____

Cardiac arrest: Yes No _____

ANAMNĒZE:

- | | |
|--|---|
| <input type="checkbox"/> Adb. drainage | <input type="checkbox"/> Medicament abuse |
| <input type="checkbox"/> Adb.lavage | <input type="checkbox"/> Drug abuse |
| <input type="checkbox"/> Aspiration | <input type="checkbox"/> Alcoholism |
| <input type="checkbox"/> Smoking | <input type="checkbox"/> Ca in anamnesis |
| <input type="checkbox"/> Art.hypertension | <input type="checkbox"/> Cardiac disease |
| <input type="checkbox"/> Kidney disease | <input type="checkbox"/> Pancreas disease |
| <input type="checkbox"/> Sepsis | <input type="checkbox"/> Trauma |
| <input type="checkbox"/> Urological disease | <input type="checkbox"/> Diabetes mell |
| <input type="checkbox"/> Arrhythmias | <input type="checkbox"/> Liver disease |
| <input type="checkbox"/> Transmissible disease | |

NOTES:

EVENT

Date of event _____ Time _____

Date of information report to TC _____ Time _____

Date of admission on _____ Time _____

Date of death _____ Time _____

Cause of death _____

Date of brain death _____ Time _____

Brain death diagnosis: clinical clinical and angiography

clinical and doppler clinical and EEG

MEDICATIONS

Diuretics _____

Vasopressors _____

Antibiotics _____

Others _____

Blood transfusions: Yes No _____

Plasma expanders: Yes No _____

SEROLOGY

anti-CMV IgG _____ anti-CMV IgM _____ anti-EBV VCA IgG _____ anti-EBV VCA IgM _____ anti-EBV EBNA IgG _____

anti-HIV 1/2 _____ HBsAg _____ anti-HBs _____ anti-HBc _____ anti-HCV _____ anti-TP IgG/ IgM _____

HLA

A _____ B _____ Cw _____ Bw _____ DR _____ DQ _____

A _____ B _____ Cw _____ Bw _____ DR _____ DQ _____

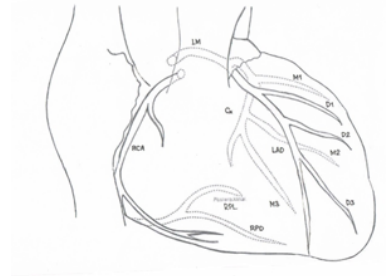
Conclusion of transplantologist in charge: _____

Transplantologist in charge: _____ Signature: _____

/name, surname/

DONOR HEART REPORT

Notes: _____



Surgeon _____

PRESERVATION

Heparin: _____ IU at _____ hrs
 Others: _____ hrs
 Warm ishaemija: _____ hrs Cold perfusion: _____ hrs

Kind of perfusate: _____ Volume or perfusate: _____

Perfusion: good acceptable poor Hours: at _____ h

PERSONNEL INFORMATION, WHO TOOK PART IN EXPLANTATION /surgeon, instr.nurse, name, surname/:

Removal time: _____

HEART GIVEN TO: _____ Blood sent with heart: Yes No

EXPLANTATION

Date: _____ Start of explantation: _____ End of explantation: _____
 /dd.,mm.,yyyy./ /h;min/ /h;min/
 Perfusion solution: _____ Start of perfusion: _____ End of perfusion: _____
 /h;min/ /h;min/

RECIPIENTS INFORMATION:

Organ	Recipient code	Gender (M/F)	Age	Date of transplantation, center	Function	Diagnosis	Complications
Right kidney							
Left kidney							
Heart							
Liver							
Pancreas							
Lungs							
Right eye							
Left eye							

Transplantologist in charge _____

/name, surname/

Signature: _____

Transplantation coordinator: _____

/name, surname/

Signature: _____



DONOR AND PANCREAS REPORT

It is containing personal data. Protect against unauthorized disclosure or access.

Organization, center, name, address:	VSIA "Paula Stradiņa klīniskā universitātes slimnīca", Nacionālais transplantācijas koordinācijas dienests, Pilsõņu iela 13, Rīga, LV-1002
Contact phone, fax:	67069570, 67212515
Donor hospital, name, address	_____

DONOR REPORT

Donor identification code: _____

Patient documentation ID: _____

Gender: male female **Date of birth** _____ /dd.mm.yyyy/

ABO type _____ **Rh** _____

Legal consent Donor Yes No

Legal consent Relatives: Yes No _____

Weight _____ **Height** _____

Body T⁰ _____ **Blood pressure mm/Hg** _____

Diuresis /last 24h/ _____ **Diuresis last h:** _____

Hypotensive period: Yes No _____

Cardiac arrest: Yes No _____

ANAMNĒZE:

Adb. drainage **Medicament abuse**

Adb.lavage **Drug abuse**

Aspiration **Alcoholism**

Smoking **Ca in anamnesis**

Art.hypertension **Cardiac disease**

Kidney disease **Pancreas disease**

Sepsis **Trauma**

Urological disease **Diabetes mell**

Arrhythmias **Liver disease**

Transmissible disease

NOTES:

EVENT

Date of event _____ **Time** _____

Date of information report to TC _____ **Time** _____

Date of admission on _____ **Time** _____

Date of death _____ **Time** _____

Cause of death _____

Date of brain death _____ **Time** _____

Brain death diagnosis: clinical clinical and angiography

clinical and doppler clinical and EEG

MEDICATIONS

Diuretics _____

Vasopressors _____

Antibiotics _____

Others _____

Blood transfusions: Yes No _____

Plasma expanders: Yes No _____

SEROLOGY

anti-CMV IgG _____ anti-CMV IgM _____ anti-EBV VCA IgG _____ anti-EBV VCA IgM _____ anti-EBV EBNA IgG _____

anti-HIV 1/2 _____ HBsAg _____ anti-HBs _____ anti-HBc _____ anti-HCV _____ anti-TP IgG/ IgM _____

HLA

A _____ B _____ Cw _____ Bw _____ DR _____ DQ _____

A _____ B _____ Cw _____ Bw _____ DR _____ DQ _____

Conclusion of transplantologist in charge: _____

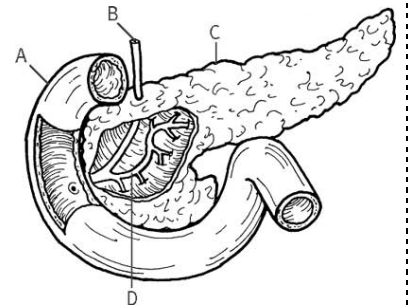
Transplantologist in charge: _____

Signature: _____

/name, surname/

DONOR PANCREAS REPORT

Notes: _____



Surgeon _____

PRESERVATION

Heparin: _____ IU at _____ hrs
Others: _____ hrs
Warm ishaemija: _____ hrs Cold perfusion: _____ hrs

Kind of perfusate: _____ Volume or perfusate: _____

Perfusion: good acceptable poor Hours: at _____ h

PERSONNEL INFORMATION, WHO TOOK PART IN EXPLANTATION /surgeon, instr.nurse, name, surname/:

Removal time: _____

PANCREAS GIVEN TO: _____ Blood sent with pancreas: Yes No

EXPLANTATION

Date: _____ Start of explantation: _____ End of explantation: _____
/dd.,mm.,yyyy./ /h,min/ /h,min/

Perfusion solution: _____ Start of perfusion: _____ End of perfusion: _____
/h,min/ /h,min/

RECIPIENTS INFORMATION:

Organ	Recipient code	Gender (M/F)	Age	Date of transplantation, center	Function	Diagnosis	Complications
Right kidney							
Left kidney							
Heart							
Liver							
Pancreas							
Lungs							

Transplantologist in charge _____

Signature: _____

/name, surname/

Transplantation coordinator: _____

Signature: _____

/name, surname/



DONOR AND LUNGS REPORT

It is containing personal data. Protect against unauthorized disclosure or access.

Organization, center, name, address:	VSIA "Paula Stradiņa klīniskā universitātes slimnīca", Nacionālais transplantācijas koordinācijas dienests, Pilsõņu iela 13, Rīga, LV-1002
Contact phone, fax:	67069570, 67212515
Donor hospital, name, address	_____

DONOR REPORT

Donor identification code: _____

Patient documentation ID: _____

Gender: male female **Date of birth** _____ /dd.mm.yyyy/

ABO type _____ **Rh** _____

Legal consent Donor Yes No

Legal consent Relatives: Yes No _____

Weight _____ **Height** _____

Body T⁰ _____ **Blood pressure mm/Hg** _____

Diuresis /last 24h/ _____ **Diuresis last h:** _____

Hypotensive period: Yes No _____

Cardiac arrest: Yes No _____

ANAMNĒZE:

- | | |
|--|---|
| <input type="checkbox"/> Adb. drainage | <input type="checkbox"/> Medicament abuse |
| <input type="checkbox"/> Adb.lavage | <input type="checkbox"/> Drug abuse |
| <input type="checkbox"/> Aspiration | <input type="checkbox"/> Alcoholism |
| <input type="checkbox"/> Smoking | <input type="checkbox"/> Ca in anamnesis |
| <input type="checkbox"/> Art.hypertension | <input type="checkbox"/> Cardiac disease |
| <input type="checkbox"/> Kidney disease | <input type="checkbox"/> Pancreas disease |
| <input type="checkbox"/> Sepsis | <input type="checkbox"/> Trauma |
| <input type="checkbox"/> Urological disease | <input type="checkbox"/> Diabetes mell |
| <input type="checkbox"/> Arrhythmias | <input type="checkbox"/> Liver disease |
| <input type="checkbox"/> Transmissible disease | |

NOTES:

EVENT

MEDICATIONS

Date of event	_____	Time	_____
Date of information report to TC	_____	Time	_____
Date of admission on	_____	Time	_____
Date of death	_____	Time	_____
Cause of death	_____		
Date of brain death	_____	Time	_____
Brain death diagnosis:	<input type="radio"/> clinical	<input type="radio"/> clinical and angiography	
	<input type="radio"/> clinical and doppler	<input type="radio"/> clinical and EEG	

Diuretics	_____
Vasopressors	_____
Antibiotics	_____
Others	_____
Blood transfusions:	<input type="radio"/> Yes <input type="radio"/> No _____
Plasma expanders:	<input type="radio"/> Yes <input type="radio"/> No _____

SEROLOGY

anti-CMV IgG	_____	anti-CMV IgM	_____	anti-EBV VCA IgG	_____	anti-EBV VCA IgM	_____	anti-EBV EBNA IgG	_____		
anti-HIV 1/2	_____	HBsAg	_____	anti-HBs	_____	anti-HBc	_____	anti-HCV	_____	anti-TP IgG/ IgM	_____

HLA

A	_____	B	_____	Cw	_____	Bw	_____	DR	_____	DQ	_____
A	_____	B	_____	Cw	_____	Bw	_____	DR	_____	DQ	_____

Conclusion of transplantologist in charge: _____

Transplantologist in charge: _____ **Signature:** _____

/name, surname/

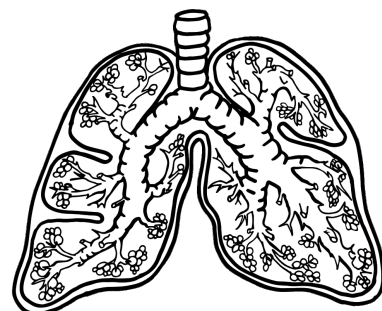
DONOR LUNGS REPORT

Notes: _____

Surgeon _____

PRESERVATION

Heparin: _____ IU at _____ hrs
 Others: _____ hrs
 Warm ishaemija: _____ hrs Cold perfusion: _____ hrs
 Kind of perfusate: _____ Volume or perfusate: _____
 Perfusion: good acceptable poor Hours: at _____ h



PERSONNEL INFORMATION, WHO TOOK PART IN EXPLANTATION /surgeon, instr.nurse, name, surname/:

Removal time: _____

LUNGS GIVEN TO: _____ Blood sent with lungs: Yes No

EXPLANTATION

Date: _____ Start of explantation: _____ End of explantation: _____
 /dd.,mm.,yyyy./ /h;min/ /h;min/
 Perfusion solution: _____ Start of perfusion: _____ End of perfusion: _____
 /h;min/ /h;min/

RECIPIENTS INFORMATION:

Organ	Recipient code	Gender (M/F)	Age	Date of transplantation, center	Function	Diagnosis	Complications
Right kidney							
Left kidney							
Heart							
Liver							
Pancreas							
Lungs							
Right eye							
Left eye							

Transplantologist in charge _____ Signature: _____
 /name, surname/

Transplantation coordinator: _____ Signature: _____
 /name, surname/