

Registration procedure after having received non-Scandiatransplant organs

Version 1_04jul2013

1. Purpose

Donor registration after having imported organs from non-Scandiatransplant countries/organizations. If more than one Scandiatransplant center has received organs from the same donor, please agree upon who will do this initial registration.

2. Finding the menu

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MAIN MENU

1. Organ Transplantation
2. Nordic Living Kidney Donor Follow-up
3. Nordic Liver Transplantation Registry
4. NLTR test
5. Nordic Thorax Transplantation Registry
6. Pediatric Renal Transplantation
7. Heart rotation list
8. Lung rotation list
9. Waiting list reports
10. Administration

Enter your choice: 1_____
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ORGAN TRANSPLANTATION

1. Recipient And Waiting List System
2. Organ Donor System
3. Transplantation And Follow Up
4. Search
5. Search (test)
6. Reports
7. Local System Administration
8. Previous Menu

Enter your choice: 2_____
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ORGAN DONOR SYSTEM

1. Registration Of Potential Donor
2. Completion/Correction Of Donor Data By Donor Center
3. Deletion
4. Undoing organ harvest- and transplantation registration
5. Previous Menu

Enter your choice: 1_____
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3. How to do the donor registration

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SCANDIATRANSPLANT      Page 1/6      1501
REGISTRATION OF POTENTIAL DONOR
http://www.scandiatransplant.org/man/1501.htm

Donor Number _____
Donor Nationality E Sweden _____ years
Person Number _____ Age _____
Sex _____
ABO Blood Group _____ RhD _____ Weight _____ kg
Height _____ cm

Proc./Resp. Center G0 _____ G0 Göteborg _____
Orig. Donor Hosp. _____
Donor Name _____
Cause of Death _____
Notes on Death _____
Diseases/Abuses _____
Past/Pres Drug Abuse _____ Past/Pres Mal Neopl _____
Date of donat. _____ Donation realized _____

First Registr. _____ Last Change _____

```

Count: *0

<List><Replace>

Start by pressing F5 and choose the right donor nationality (country of donor origin) from the list of value. (Estonian is in this case used as an example)

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Find: __
01
^
A Austria
F France
█ GB Great Britain
OT Other Country
LT Lithuania
IA Latvia
ES Eesti
v RU Russia

Cause of Death _____
Notes on Death _____
Diseases/Abuses _____
Past/Pres Drug Abuse _____ Past/Pres Mal Neopl _____
Date of donat. _____ Donation realized _____

First Registr. _____ Last Change _____

```

Press F10 to pick selection, F4 to cancel.

Count: *0

<List><Replace>

Enter person number as day-month-year

S C A N D I A T R A N S P L A N T		Page 1/6	1501
REGISTRATION OF POTENTIAL DONOR			
http://www.scandiatransplant.org/man/1501.htm			
Donor Number			
Donor Nationality	<u>ES Eesti</u>		years
Person Number	<u>220180</u>	Age	<u>33</u>
Sex			
ABO Blood Group	<u> </u> RhD <u> </u>	Weight	<u> </u> kg
		Height	<u> </u> cm
Proc./Resp. Center	<u>GO</u>	<u>GO Göteborg</u>	
Orig. Donor Hosp.			
Donor Name			
Cause of Death			
Notes on Death			
Diseases/Abuses			
Past/Pres Drug Abuse	<u> </u>	Past/Pres Mal Neopl	<u> </u>
Date of donat.		Donation realized	<u> </u>
First Registr.		Last Change	

Count: *0

<Replace>

Enter sex, blood group and choose the right donor procuring center

S C A N D I A T R A N S P L A N T		Page 1/6	1501
REGISTRATION OF POTENTIAL DONOR			
http://www.scandiatransplant.org/man/1501.htm			
Donor Number			
Donor Nationality	<u>ES Eesti</u>		years
Person Number	<u>220180</u>	Age	<u>33</u>
Sex	<u>F Female</u>		
ABO Blood Group	<u>0</u> RhD <u>POS</u>	Weight	<u> </u> kg
		Height	<u> </u> cm
Proc./Resp. Center	<u>ES Estonia</u>	<u>GO Göteborg</u>	
Orig. Donor Hosp.			
Donor Name			
Cause of Death			
Notes on Death			
Diseases/Abuses			
Past/Pres Drug Abuse	<u> </u>	Past/Pres Mal Neopl	<u> </u>
Date of donat.		Donation realized	<u> </u>
First Registr.		Last Change	

Count: *0

<List><Replace>

Press F5 to select the right origin donor hospital from list of value

Find: _____	
300	Mustamäe Haiqla (North Estonia Medical Centre)
301	Tartu neuroint/intensiivravi (Tartu University Hosp.)
302	Pärnu Hospital
303	Tallinna Lastehaigla (Tallinn Childrens Hospital)
Cause of Death _____	
Notes on Death _____	
Diseases/Abuses _____	
Past/Pres Drug Abuse _____	Past/Pres Mal Neopl _____
Date of donat. _____	Donation realized _____
First Registr. _____	Last Change _____

Press F10 to pick selection, F4 to cancel.

Count: *0

<List><Replace>

Continue the registration with the information you have and press F10 to save data

S C A N D I A T R A N S P L A N T		Page 1/6	1501
REGISTRATION OF POTENTIAL DONOR			
http://www.scandiatriansplant.org/man/1501.htm			
Donor Number	_____		
Donor Nationality	ES Eesti	_____	years
Person Number	220180	Age	33
Sex	F Female	_____	
ABO Blood Group	0	RhD POS	Weight _____ kg
			Height _____ cm
Proc./Resp. Center	ES Estonia	GO Göteborg	_____
Orig. Donor Hosp.	300 Mustamäe Haiqla (North Estonia Medical Centre)		
Donor Name	test (EST1310)		
Cause of Death	99 Other		
Notes on Death	_____		
Diseases/Abuses	_____		
Past/Pres Drug Abuse	NI Not investi	Past/Pres Mal Neopl	NI Not investigated
Date of donat.	04-JUL-2013	Donation realized	Y Yes
First Registr.	_____	Last Change	_____

Count: *0

<Replace>

