

II Preoperative data

• Height: cm

• Weight: kg

• Organ type:

Kidney left

Kidney right

• Any previous urinary tract disease/condition:

→ No

→ Yes

→ Glomerular/instertit. Disease

→ Significant Urinary Tract Infection(s)*

→ Hematuria (micro-/macro-)

→ Urolithiasis

→ Tumor

→ Renal anomaly/Other renal disease

→ Other UT disease/condition

Comment: _____

***Definition of Significant Urinary Tract Infection(s):**

♂: Any UTI

♀: Any pyelonehritis. >1 lower UTI/cystitis per 10 years of age

• Kidneys/vessels evaluated by:

Ultrasound

Angiography; conventional/invasive

Rtg. urography

Renography (isotope-)

CT/-angiography

MR/-angiography

• Split function right: _____ %

• Split function left: _____ %

• Number of arteries: _____

• Number of veins: _____

• Any anomalies: _____

III Virology and bacteriology (infection serology)

| | Neg | Pos | ND |
|--|--------------------------|--------------------------|--------------------------|
| CMV: Anti-CMV (Cytomegalovirus) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Covid: SARS-CoV-2 RNA (Covid-19) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| CovAb: Anti-SARS-CoV-2 (Covid-19 antibody) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| EBV: Anti-EBV IgG (Epstein-Barr) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| HBc: Anti-HBc (antibody) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| HBsAb: Anti-HBs (antibody) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| HBsAg: Hepatitis Bs antigen | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| HCV: Anti-HCV (antibody) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| HCVAg: Hepatitis C antigen (RNA) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| HDV: Hepatitis Delta Virus (antibody) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| HIVab: Anti-HIV (antibody) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| HIVag: HIV antigen | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| HSV: Anti-HSV (antibody) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| LUES: Syphilis antibody | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| MV: Anti-MV IgG (Morbilli antibody) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| TOXO: Toxoplasma antibodies | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| VZV: Varicella zoster virus | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Other **positive** infectious parameter

Comments:

IV HLA typing

Serological:

| | | | | | |
|----|-------|----|-------|--------|-------|
| A | _____ | B | _____ | Bw4/w6 | _____ |
| Cw | _____ | DR | _____ | DQ | _____ |

Genomic:

| | | | | | |
|------|-------|----------|-------|------|-------|
| A | _____ | B | _____ | C | _____ |
| DRB1 | _____ | DRB3/4/5 | _____ | DPA1 | _____ |
| DPB1 | _____ | DQA1 | _____ | DQB1 | _____ |

V Baseline risk factors

During evaluation or at admission

- p-Cholesterol: mmol/l
- p-Triglycerides: mmol/l
- p-HDL: mmol/l
- p-LDL: mmol/l

• Anti-lipid drugs; number of:

● Smoking? [1 choice of 3]:

- No
→ Previously
→ At present

Previously > 3 years smoking or > 3 "pack years" (not at present)

> 3 cigarettes per week

● Systolic blood pressure: mmHg

● Diastolic blood pressure: mmHg

*The representative pressure for donor acceptance.
with or without antihypertensive drugs*

● Anti-hypertensive drugs; number:

● Comorbidity:

→ Yes Specify: _____

→ No

→ ND

● Other ongoing medication:

→ Yes Specify: _____

→ No

→ ND

VI Kidney function

● Plasma indicators:

→ Creatinine: μmol/l

→ Cystatin C: mg/l

● Glomerular Filtration Rate:

→ Creatinine Clearance: ml/min

→ Cr-EDTA Clearance: ml/min

→ Iohexol Clearance: ml/min

→ Tc-99m-DTPA: ml/min

Estimated clearance, auto calculated in YASWA:

Cockcroft formula: $\text{Weight (kg)} \cdot (140 - \text{Age (years)}) \cdot C \cdot 1/\text{Creatinine } (\mu\text{mol/l})$

♂: $C = 1,23$ ♀: $C = 1,23 \cdot 0,85$ (1/1000 • kg • years • min)

● Proteinuria

- No
- ND
- Yes

No, if: < 0.5 g protein/ 24 hours ∩ < 0.3 g albumin/ 24 hours

→ Single miction: Sticks

→ 24-hour urine: Protein assay g

→ Single miction: Alb.-/Creat.-assay mg/mmol

→ Single miction: Protein-assay g

● Microalbuminuria

- No
- ND
- Yes

No, if: < 30 mg albumin/24 hours

→ Single miction: Sticks

→ 24-hour urine: pro alb: g

→ Single miction: Alb.-/Creat.-assay mg/g mg/mmol

● Diabetes/Pre-Diabetes ?

- No
- ND
- Yes

→ Year of diagnosis

→ Specify

- Treatment
- None
 - Diet
 - Peroral anti-diabetic drugs
 - Insulin

VII Donor operation

• Date of operation:

| | | | | | | | | | |
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• Operative technique

→ **Open**

→ Flank incision:

→ Costal resection: No: Yes:

→ Subcostal/ventral and **retroperitoneal**:

→ Subcostal/ventral and **transperitoneal**:

→ **Scopic**

→ Laparoscopic (transperitoneal)

→ Retroperitoneoscopic

→ Robotic assistance

→ Converted to open*

→ Strict scopic:

→ Hand-assisted with handport:

→ Hand-assisted without handport:

* Conversion,
reason

| |
|--|
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→ **Combined procedures**

(not only hand-assisted)

→ Open during caval exclusion:

→ Other modification

Comments:

| |
|--|
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|--|

• Number of renal arteries

• More arteries after division Yes: No:

• Art. not dem. by an.gr Yes: No:

• Preoperative complications/incidents:

→ No

→ ND

→ **Yes**

→ Bleeding requiring transfusion Units of blood

→ Visceral perforation

→ Lesion of renal vessel(s)

→ Other perop. complication

→ Renal tumor

→ Kidney discarded Yes: No:

Comments:

| |
|--|
| |
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• Mental effect by donation:

→ Physically reduced capacity

→ Mentally reduced capacity

→ *Negative* experiences/mental effect

→ *Positive* experiences/mental effect

Specify:

Follow-up at 3 months – n years post-donation

I Basic information:

• Donor number

• Donor name:

[surname / first name]

• Birth number:

• Date of consultation: _____

• Next follow up: _____

• Lost to follow up

• Telephone surgery

→ Date of contact: _____

→ Comments:

• Weeks out of work due to donation: weeks

Unemployed, pensioner etc:
0 weeks

• Have you suffered economic loss due to donation ?

→ **No** – no problem with compensation

→ **No** – but **troublesome** compensation

→ Specify:

→ **Yes**

→ Specify:

- *Loss of income*
- *Altered working conditions*
- *Aid at home/children*
- *Cover charges/drugs etc*

II Restitution

Full restitution: No difference in negative direction compared with the predonation status

Date of full restitution: _____

● Overall **Positive** effect of donation (somatic/mental)

- **Positive** experiences/mental effect by donation
→ **Negative** experiences/mental effect by donation

Specify:

● Overall **Negative** effect of donation (somatic/mental)

- Mentally reduced capacity
→ **Negative** experiences/mental effect by donation
→ **Positive** experiences/mental effect by donation
→ Physically reduced capacity

● **Pain** (relating to donation)

- Analgesic drugs?
→ Every day
→ Sporadically
→ Seldom/Never

→ Location/type; specify briefly:

III Complications

● Late complication or readmission related to donation?

> 30 days post-donation

- **No**
→ **ND**
→ **Yes**

→ **Wound** complications

- Hernia / protrusion → Specify:
→ Lymphocele/(seroma) → Specify:
→ Sensory disturbance/
hyperesthesia (significant) → Specify:

→ **Uremia** → [2 of 2]:

- Dialysis: No: Yes:
→ Specify disease - - - - -:

Specify reason for readmission, diagnosis, and type of reoperation/intervention.

- Readmission → Specify:
→ Reoperation → Specify:
→ Other late complication → Specify:

• Significant *intercurrent disease* (not clearly related to donation) or *pregnancy*?

→ No

→ Yes → [1-7 choices of 7]:

→ Urinary tract disease → [1-6 choices of 6]:

→ Urinary Tract Infection(s)

→ Specify:

→ Hematuria (micro-/macro-)

→ Specify:

→ Urolithiasis

→ Specify:

→ Tumor → [1-2 of 2]:

→ ICD-10 diagnostic code: [Xnn.d]

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→ Specify:

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→ Renal anomaly → [1-2 of 2]:

→ ICD-10 diagnostic code: [Xnn.d]

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→ Specify:

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→ Glomerular/interstit. disease → [1-2 of 2]:

→ ICD-10 diagnostic code: [Xnn.d]

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→ Specify:

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→ Other UT disease/condition → [1-2 of 2]:

→ ICD-10 diagnostic code: [Xnn.d]

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→ Specify:

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→ Cardiovascular disease

→ Specify:

→ Pulmonary disease

→ Specify:

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→ Thromboembolism → [1-3 of 3]:

→ Deep vein thrombosis:

→ Pulmonary embolism:

→ Other → Specify:

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→ Other infectious disease

→ Specify:

→ Other intercurrent disease

→ Specify:

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→ **Pregnancy**

→ Specify:

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• **Death?**

Date of death: _____

Cause of death:

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Death ICD-10 code: _____

IV Risk factors

- Height: cm
- Weight: kg
- p-Cholesterol: mmol/l
- p-Triglycerides: mmol/l
- p-HDL: mmol/l
- p-LDL: mmol/l
- Anti-lipid drugs; number of:

- Smoking?

- No
- Previously
- At present

Previously > 3 years smoking or > 3 "pack years" (not at present)

> 3 cigarettes per week

- Systolic blood pressure: mm Hg
- Diastolic blood pressure: mm Hg
- Anti-hypertensive drugs; number:

The representative pressure –
with or without antihypertensive drugs

V Kidney function

→ Creatinine: μmol/l

→ Cystatin C: mg/l

- Glomerular Filtration Rate:

→ Creatinine Clearance: ml/min

→ Cr-EDTA Clearance: ml/min

→ Iohexol Clearance: ml/min

Estimated clearance, auto calculated in YASWA:

Cockroft formula: Weight (kg) • (140 – Age (years)) • C • 1/Creatinine (μmol/l)

♂: C = 1,23 ♀: C = 1,23 • 0,85 (1/1000 • kg • years • min)

If, no: < 0.5 g protein/ 24 hours ∩ < 0.3 g albumin/ 24 hours

● Proteinuria

- No
- ND
- Yes

→ Single miction: Sticks

→ 24-hour urine: Protein assay g

→ Single miction: Alb.-/Creat.-assay mg/mmol

→ Single miction: Protein-assay g

● Microalbuminuria

- No
- ND
- Yes

No, if: < 30 mg albumin/24 hours

→ Single miction: Sticks

→ 24-hour urine: pro alb. g

→ Single mictation: Alb.-/Creat.-assay mg/g mg/mmol

5. Diabetes mellitus

- No
- ND
- Yes

→ Year of diagnosis

→ Diagnostic criteria / level of disease

→ Treatment None
 Diet
 Peroral anti-diabetic drugs
 Insulin