

**WISCONSIN ORGAN AND TISSUE RECOVERY AND ASSESSMENT**

**This form has been revised and renumbered. Please update your link to:  
<http://dhs.wisconsin.gov/forms/F4/F43023.pdf>**

Donor Name

Medical Record No.

**MEDICAL RECORDS REVIEW**

Review of Medical Records to ensure documentation of the following

External injuries (including retinal hemorrhage)

If patterned injuries (including bite marks) are present, where on the body are they located?

Internal Injuries

Fractures

**PHYSICAL FINDINGS**

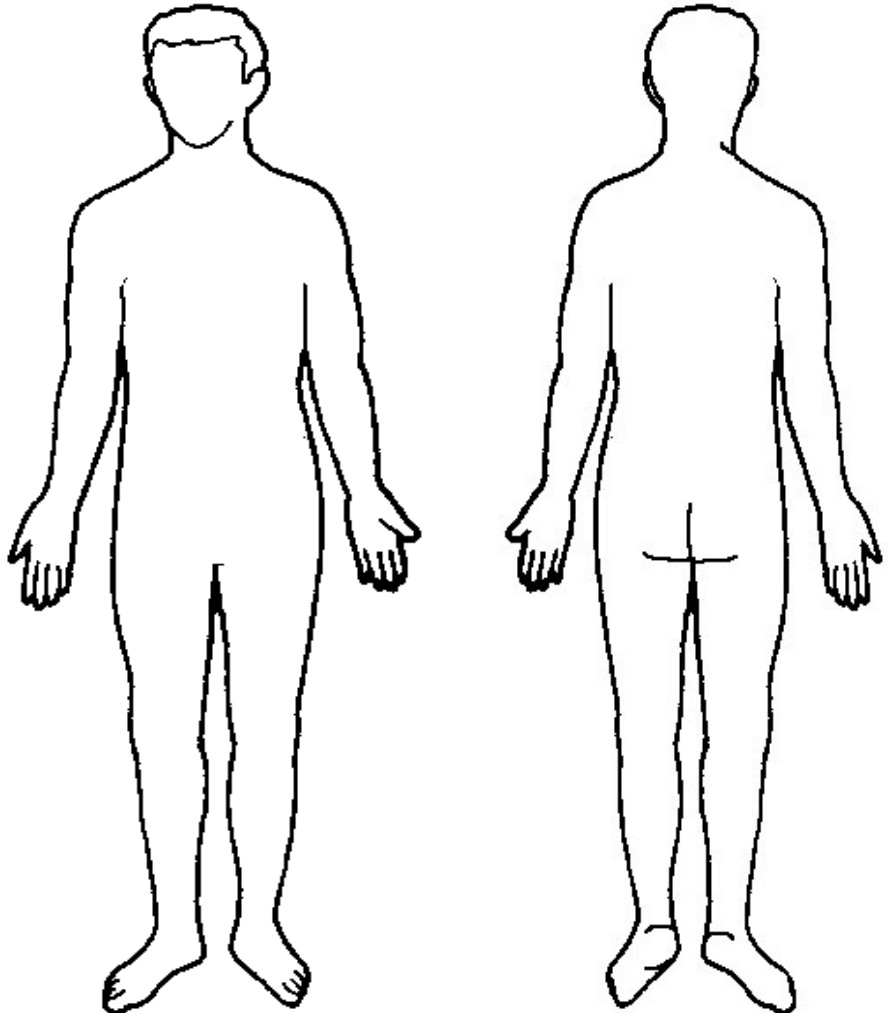
CT scan or MRI of the head?

Fresh fractures of long bones, clavicles or ribs? (Particular attention to be paid to metaphysical long bone, clavicle and rib fractures)

Retinal hemorrhage or other eye injury?

**Physical Assessment Key**

- 1. Tattoos
- 2. Non-therapeutic needle marks
- 3. Lesions
- 4. Scars
- 5. Deformities
- 6. I.V. Sites or arterial line
- 7. Contusions
- 8. Abrasions
- 9. Surgical Incisions
- 10. Eye injuries (e.g. Petechiae)
- 11. Other (List):



SIGNATURE – Person Completing Form

Print Name and Title

Date Signed

|            |                    |
|------------|--------------------|
| Donor Name | Medical Record No. |
|------------|--------------------|

Tests used to determine suitability of organs for purposes of transplantation  
 (Please check appropriate boxes--exact results not necessary, only whether test was done or not)

|            |                      |                     |                   |
|------------|----------------------|---------------------|-------------------|
| HEART      | ECG                  | Echocardiogram      | CPK               |
| LIVER      | Liver Function Tests | Coagulation Studies | Other             |
| KIDNEYS    | BUN                  | Serum Creatinine    | Urinalysis        |
| PANCREAS   | Amylase              | Serum Glucose       | Lipase            |
| LUNGS      | CXR                  | ABG's               | Sputum Gram Stain |
| INTESTINES | Liver Function Tests | Coagulation Studies | Other             |

**BLOOD DRAWS**

|                 | Date and Time | Site | Drawn by |
|-----------------|---------------|------|----------|
| Admission Blood |               |      |          |
| Anti-mortem     |               |      |          |
| Post-mortem     |               |      |          |

|   |  |
|---|--|
| <b>Date and Time of Cardiac Asystole:</b> | <b>Date and Time of Aorta Cross Clamp:</b> |
|---|--|

|                           |                   |
|---------------------------|-------------------|
| MD / Technician Signature | Organization Name |
|---------------------------|-------------------|

|            |                    |
|------------|--------------------|
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|------------|--------------------|

**THORACIC CAVITY**

| RIGHT LUNG   | LEFT LUNG   |
|--|---|
| Operative procedure according to Recovery Center protocol  |   |
| <input type="checkbox"/> Evaluation shows normal organ function<br>(Serum Electrolytes, CBC, Chest X-Ray, Blood Gases, Gram Stain) |   |
| <input type="checkbox"/> Organ function appears abnormal<br>(add comments):  | <input type="checkbox"/> Organ function appears abnormal<br>(add comments): |
| <input type="checkbox"/> No gross pathology noted in organ   | <input type="checkbox"/> No gross pathology noted in organ                  |
| <input type="checkbox"/> Pathology noted in organ (add comments):  | <input type="checkbox"/> Pathology noted in organ (add comments):           |
| <input type="checkbox"/> Organ not recovered   | <input type="checkbox"/> Organ not recovered                                |
| Additional findings:   | Additional findings:  |

|              |                  |
|--------------|------------------|
| Surgeon Name | Surgeon Hospital |
|--------------|------------------|

| HEART AND PERICARDIUM  |
|--|
| Operative procedure according to Recovery Center protocol  |
| <input type="checkbox"/> Evaluation shows normal organ functioning<br>(Serum Electrolytes, CBC, ECG, Echocardiogram, Chest X-Ray. Blood Gases) |
| <input type="checkbox"/> Organ function appears abnormal (add comments)  |
| <input type="checkbox"/> No gross pathology noted in organ   |
| <input type="checkbox"/> Pathology noted in organ (add comments):  |
| <input type="checkbox"/> Organ not recovered   |
| Additional findings:   |

|              |                  |
|--------------|------------------|
| Surgeon Name | Surgeon Hospital |
|--------------|------------------|

|            |                    |
|------------|--------------------|
| Donor Name | Medical Record No. |
|------------|--------------------|

**ABDOMINAL CAVITY**

| RIGHT KIDNEY AND ADRENAL   | LEFT KIDNEY AND ADRENAL   |
|--|---|
| Operative procedure according to Recovery Center protocol  |   |
| <input type="checkbox"/> Evaluation shows normal organ functioning<br>(Serum Electrolytes, CBC, BUN, Serum Creatinine, Urinalysis, Urine Output) |   |
| <input type="checkbox"/> Organ function appears abnormal<br>(add comments):  | <input type="checkbox"/> Organ function appears abnormal<br>(add comments): |
| <input type="checkbox"/> No gross pathology noted in organ   | <input type="checkbox"/> No gross pathology noted in organ                  |
| <input type="checkbox"/> Pathology noted in organ (add comments):  | <input type="checkbox"/> Pathology noted in organ (add comments):           |
| <input type="checkbox"/> Organ not recovered   | <input type="checkbox"/> Organ not recovered                                |
| Additional findings:   | Additional findings:  |

|              |                  |
|--------------|------------------|
| Surgeon Name | Surgeon Hospital |
|--------------|------------------|

| PANCREAS AND SPLEEN  |
|--|
| Operative procedures according to Recovery Center protocol   |
| <input type="checkbox"/> Evaluation shows normal organ function<br>(Serum Electrolytes; CBC, Amylase, Serum Glucose) |
| <input type="checkbox"/> Organ function appears abnormal (add comments):   |
| <input type="checkbox"/> No gross pathology noted in organ   |
| <input type="checkbox"/> Pathology noted in organ (add comments):  |
| <input type="checkbox"/> Organ not recovered   |
| Additional findings:   |

|              |                  |
|--------------|------------------|
| Surgeon Name | Surgeon Hospital |
|--------------|------------------|

Donor Name

Medical Record No.

**ABDOMINAL CAVITY (continued)**

| <b>INTESTINE AND LYMPH NODES</b>                          |  |
|---|--|
| Operative procedure according to Recovery Center protocol |  |
| <input type="checkbox"/>                                  | Evaluation shows normal organ function<br>(Serum Electrolytes, CBC, Coagulation Studies, Liver Function Tests) |
| <input type="checkbox"/>                                  | Organ function appears abnormal (add comments)   |
| <input type="checkbox"/>                                  | No gross pathology noted in organ  |
| <input type="checkbox"/>                                  | Pathology noted in organ (add comments):   |
| <input type="checkbox"/>                                  | Organ not recovered  |
| Additional findings:                                      |  |

Surgeon Name

Surgeon Hospital

| <b>LIVER</b>  |   |
|---|---|
| Operative procedure according to Recovery Center protocol |   |
| <input type="checkbox"/>                                  | Evaluation shows normal organ function<br>(Serum Electrolytes, CBC, Coagulation Studies, Liver Function Tests, Other _____) |
| <input type="checkbox"/>                                  | Organ function appears abnormal (add comments)  |
| <input type="checkbox"/>                                  | No gross pathology noted in organ   |
| <input type="checkbox"/>                                  | Pathology noted in organ (add comments):  |
| <input type="checkbox"/>                                  | Organ not recovered   |
| Additional findings:                                      |   |

Surgeon Name

Surgeon Hospital