

WISCONSIN ORGAN AND TISSUE RECOVERY AND ASSESSMENT

Pursuant to Wisconsin Statute Section 157.06 (4m) (e), the following information is to be provided to the Coroner or Medical Examiner's Office at the time of initial request to recover anatomical gifts.

Decedent's Name		Age	Race	Sex
Medical Record No.	Type of Donor <input type="checkbox"/> Brain death <input type="checkbox"/> Cardiac death		Date and Time of Death	
<input type="checkbox"/> Hospital Death Hospital Name _____ <input type="checkbox"/> Scene Death		Time last known alive if time of death is uncertain:		

Briefly describe events leading to death:

Name of Coroner or Medical Examiner Contacted	County of Origin	Date and Time
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Name of Investigator (if known)	Date and Time
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Coroner or Medical Examiner Case Number

Family member contacted for donation? <input type="checkbox"/> Yes <input type="checkbox"/> No	Telephone No.
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Relationship to donor	Address
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ORGANS REQUESTED

<input type="checkbox"/> Heart / Pericardium	<input type="checkbox"/> Intestine	<input type="checkbox"/> Kidneys (with adrenals)	<input type="checkbox"/> Liver
<input type="checkbox"/> Lungs	<input type="checkbox"/> Lymph Nodes	<input type="checkbox"/> Pancreas	<input type="checkbox"/> Spleen

TISSUE REQUESTED

<input type="checkbox"/> Upper arm bones	<input type="checkbox"/> Bones of the leg and pelvis	<input type="checkbox"/> Connective Tissue	<input type="checkbox"/> Vertebral bodies	<input type="checkbox"/> Skin
<input type="checkbox"/> Heart for valves; descending thoracic aorta; pericardium	<input type="checkbox"/> Blood vessels (femoral, saphenous, aortic iliac graft)	<input type="checkbox"/> Eyes / Whole Globe	<input type="checkbox"/> Corneas	<input type="checkbox"/> Other:

 SIGNATURE – Person Completing Form

 Print Name and Title

 Date Signed

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

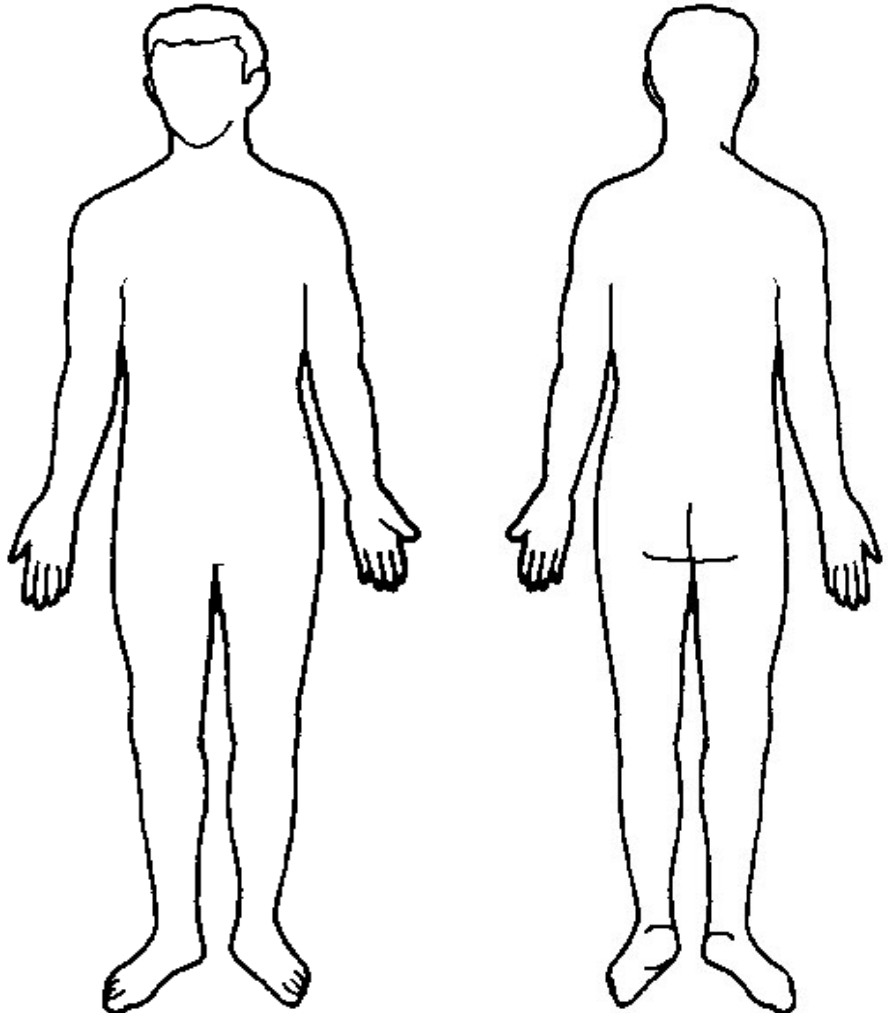
CT scan or MRI of the head?

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):



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Donor Name	Medical Record No.
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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			

Date and Time of Cardiac Asystole:	Date and Time of Aorta Cross Clamp:
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MD / Technician Signature	Organization Name
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Donor Name	Medical Record No.
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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 (Serum Electrolytes, CBC, Chest X-Ray, Blood Gases, Gram Stain)	
<input type="checkbox"/> Organ function appears abnormal (add comments):	<input type="checkbox"/> Organ function appears abnormal (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
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HEART AND PERICARDIUM
Operative procedure according to Recovery Center protocol
<input type="checkbox"/> Evaluation shows normal organ functioning (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
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Donor Name	Medical Record No.
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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 (Serum Electrolytes, CBC, BUN, Serum Creatinine, Urinalysis, Urine Output)	
<input type="checkbox"/> Organ function appears abnormal (add comments):	<input type="checkbox"/> Organ function appears abnormal (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
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PANCREAS AND SPLEEN
Operative procedures according to Recovery Center protocol
<input type="checkbox"/> Evaluation shows normal organ function (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
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Donor Name	Medical Record No.
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ABDOMINAL CAVITY (continued)

INTESTINE AND LYMPH NODES
Operative procedure according to Recovery Center protocol
<input type="checkbox"/> Evaluation shows normal organ function (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
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LIVER
Operative procedure according to Recovery Center protocol
<input type="checkbox"/> Evaluation shows normal organ function (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
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