



K-SOTTO

KERALA STATE ORGAN AND TISSUE TRANSPLANT ORGANIZATION

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FORM - D1

POTENTIAL ORGAN DONOR ALERT

(Fill the below details wherever applicable/available and share with K-SOTTO for dissemination of donor alert)

Date:

No.	Particulars		
1.	Donor Hospital		
2.	Name of the Donor		
3.	Age & Gender		
4.	Blood Group		
5.	MRD / UHID No.		
6.	Height (cm) & Weight (kg)		
7.	MLC	<input type="checkbox"/> YES	<input type="checkbox"/> NO
8.	Cause of Death		
9.	Date of Hospital Admission		
10.	Date of ICU Admission		
11.	Date and Time of initiation of ventilator support		
12.	Name of the ICU where patient is currently admitted		
13.	1 st Apnoea	Date:	Time:
14.	2 nd Apnoea <i>(Time of Death)</i>	Date:	Time:
15.	Written Family consent for organ donation is obtained	<input type="checkbox"/> YES	<input type="checkbox"/> NO
16.	Consent obtained for <i>(Tick whichever applicable)</i>	<input type="checkbox"/> Kidney <input type="checkbox"/> Liver <input type="checkbox"/> Heart <input type="checkbox"/> Lungs <input type="checkbox"/> Pancreas <input type="checkbox"/> S. Bowl <input type="checkbox"/> Hand <input type="checkbox"/> Larynx <input type="checkbox"/> Uterus <input type="checkbox"/> Cornea <input type="checkbox"/> Heart Valve <input type="checkbox"/> Skin <input type="checkbox"/> Bone	

No.	Investigation Report	During the course of admission	At the time of 2 nd Apnoea
17.	Pulse Rate		
18.	Blood Pressure		
19.	Blood Glucose		
20.	WBC		
21.	Platelets		
22.	Sodium		
23.	Potassium		
24.	Serum Creatinine		
25.	Blood Urea		
26.	Total Bilirubin		
27.	Conjugated Bilirubin		
28.	Albumin		
29.	AST/ALT		
30.	ALP		
31.	Last 12-hour urine output		
32.	History of uncontrolled hypertension	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> NOT KNOWN	
33.	History of uncontrolled D M	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> NOT KNOWN	
34.	Viral Markers: HBsAg		
35.	Viral Markers: HCV		
36.	Viral Markers: HIV		
37.	Inotropes if any,		
38.	Blood culture report findings		
39.	Urine culture report findings		
40.	ET tube culture report findings		
41.	Any significant CT findings		
42.	Any significant MRI findings		
43.	Any significant USG findings		
44.	Any significant ECHO findings		
45.	Any significant X-Ray findings		
46.	Any other significant information		
47.	Name & Contact number of Nodal Person		
		Signature:	