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		
01.	Donor Hospital		
02.	Name of the Donor		
03.	Age & Gender		
04.	Blood Group		
05.	MRD / UHID No.		
06.	Height (cm) & Weight (kg)		
07.	MLC	☐ YES	☐ NO
08.	Cause of Death		
09.	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.	1st Apnoea	Date:	Time:
14.	2nd Apnoea *(Time of Death)*	Date:	Time:
15.	Written Family consent for organ donation is obtained	☐ YES	☐ NO
16.	Consent obtained for *(Tick whichever applicable)*	☐ **Kidney** ☐ **Liver** ☐ **Heart** ☐ **Lungs** ☐ **Pancreas** ☐ **S. Bowl** ☐ **Hand** ☐ **Larynx** ☐ **Uterus** ☐ **Cornea** ☐ **Heart Valve** ☐ **Skin** ☐ **Bone** ☐ **Blood vessels**	

No.	Investigation Report	During the course of admission	At the time of 2nd 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.	Urine PCR		
33.	Urine R/E		
34.	History of uncontrolled HTN	☐ YES ☐ NO ☐ NOT KNOWN	
35.	History of uncontrolled D M	☐ YES ☐ NO ☐ NOT KNOWN	
36.	Viral Markers: HBsAg		
37.	Viral Markers: HCV		
38.	Viral Markers: HIV		
39.	Inotropes if any,		
40.	Blood culture report findings		
41.	Urine culture report findings		
42.	ET tube culture report findings		
43.	Any significant CT findings		
44.	Any significant MRI findings		
45.	Any significant USG findings		
46.	Any significant ECHO findings		
47.	Any significant X-Ray findings		
48.	Any other significant information		
49.	Name, Contact number & Signature of Nodal Person	Signature	