

## DIF Donor information form

### Donor data

Last name: \_\_\_\_\_ First name: \_\_\_\_\_  
Date of birth: \_\_\_\_\_ Residence: \_\_\_\_\_

Blood type: \_\_\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_

**Comment:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### Admission circumstances to hospital

Admission Date: \_\_\_\_\_ Time: \_\_\_\_\_  
Admission to ICU Date: \_\_\_\_\_ Time: \_\_\_\_\_  
Transfer Date: \_\_\_\_\_ Time: \_\_\_\_\_  
Cause of admission: \_\_\_\_\_

REA  yes  no Duration: \_\_\_\_\_ By: \_\_\_\_\_

Cardiac arrest  yes  no Duration: \_\_\_\_\_ Treatment: \_\_\_\_\_  
Downtime \_\_\_\_\_ min ROSC after \_\_\_\_\_ min  
Respiratory arrest  yes  no Duration: \_\_\_\_\_ Treatment: \_\_\_\_\_  
Intubation date and time: \_\_\_\_\_  
Trauma  yes  no Comment: \_\_\_\_\_  
GCS by admission: \_\_\_\_\_  
Drugs given before admission: \_\_\_\_\_  
\_\_\_\_\_

### Death certification and consent

Sedation after admission: \_\_\_\_\_ Stopped Date: \_\_\_\_\_  
Time: \_\_\_\_\_  
Relaxation after admission: \_\_\_\_\_ Stopped Date: \_\_\_\_\_  
Time: \_\_\_\_\_

Brain death (date and time): \_\_\_\_\_  
Method  clinical  CT scan  other:

Cause of death  CHE  ANX  CTR  CDI  CTU  SUI  OTH  
Comment: \_\_\_\_\_  
\_\_\_\_\_

Consent obtained by: \_\_\_\_\_  
Judge approval  yes  no

**Infections**

Previous history of MRSA infection     yes  no    Comment: \_\_\_\_\_

*Infection after admission*

Blood         yes  no    Culture:  yes  no    Date: \_\_\_\_\_    Result: \_\_\_\_\_

Lung          yes  no    Culture:  yes  no    Date: \_\_\_\_\_    Result: \_\_\_\_\_

Urine         yes  no    Culture:  yes  no    Date: \_\_\_\_\_    Result: \_\_\_\_\_

Other         yes  no    Culture:  yes  no    Date: \_\_\_\_\_    Result: \_\_\_\_\_

Antibiotic    yes  no    Comment: \_\_\_\_\_

Hyperthermia  yes  no    Temperature: \_\_\_\_\_

Urine catheter since: \_\_\_\_\_

**Medical history (before admission)**

Heart disease         yes  no    Comment: \_\_\_\_\_

Hypertension         yes  no    Comment: \_\_\_\_\_

Lung disease         yes  no    Comment: \_\_\_\_\_

Diabetes I or II      yes  no    Comment: \_\_\_\_\_

Liver disease         yes  no    Comment: \_\_\_\_\_

Pancreatic disease  yes  no    Comment: \_\_\_\_\_

Kidney disease       yes  no    Comment: \_\_\_\_\_

Infectious disease  yes  no    Comment: \_\_\_\_\_

Cancer                 yes  no    Comment: \_\_\_\_\_

Malignant melanoma  yes  no    Comment: \_\_\_\_\_

Acute neurological  yes  no    Comment: \_\_\_\_\_

changes

Operations             yes  no    Comment: \_\_\_\_\_

Medication            yes  no    Comment: \_\_\_\_\_

Allergy                 yes  no    Comment: \_\_\_\_\_

Other: \_\_\_\_\_

**Personal habits and social risks**

Alcohol                 yes  no    Comment: \_\_\_\_\_

Drug user              yes  no    Comment: \_\_\_\_\_

Tattoos & Piercings  yes  no    Comment: \_\_\_\_\_

Travel to high risk  yes  no    Comment: \_\_\_\_\_

countries

Multiple partners     yes  no    Comment: \_\_\_\_\_

Prison                  yes  no    Comment: \_\_\_\_\_

Comments: \_\_\_\_\_

**Clinical data (after admission)**

Cardiac arrest	<input type="checkbox"/> yes <input type="checkbox"/> no	Duration: _____	Treatment: _____
Respiratory arrest	<input type="checkbox"/> yes <input type="checkbox"/> no	Duration: _____	Treatment: _____
Hypotension	<input type="checkbox"/> yes <input type="checkbox"/> no	Duration: _____	Treatment: _____
		Date and Time: _____	
Hypertension	<input type="checkbox"/> yes <input type="checkbox"/> no	Duration: _____	Treatment: _____
		Date and Time: _____	
Arrhythmias	<input type="checkbox"/> yes <input type="checkbox"/> no	Treatment: _____	
Hypothermia	<input type="checkbox"/> yes <input type="checkbox"/> no	Treatment: _____	
Diabetes insipidus	<input type="checkbox"/> yes <input type="checkbox"/> no	Treatment: _____	
Oligo anuria	<input type="checkbox"/> yes <input type="checkbox"/> no	Treatment: _____	
Coagulation disorders	<input type="checkbox"/> yes <input type="checkbox"/> no	Treatment: _____	
Comments:	_____		

**Heart**

*ECG* \_\_\_\_\_ Date and Time: \_\_\_\_\_  
Rate: \_\_\_\_\_ Rhythm: \_\_\_\_\_

Echocardiography \_\_\_\_\_ Date and Time: \_\_\_\_\_

Contractility: \_\_\_\_\_  
Left ventricle function: \_\_\_\_\_  
Left ventricle mass index: \_\_\_\_\_  
Aortic valve: \_\_\_\_\_  
Mitral valve: \_\_\_\_\_  
Tricuspid valve: \_\_\_\_\_  
Pulmonary valve: \_\_\_\_\_  
Presence of ASD (atrial septal defect): \_\_\_\_\_  
Presence of PFO (patent foramen ovale): \_\_\_\_\_

Comment: \_\_\_\_\_  
Cardiologist: \_\_\_\_\_

**Abdominal**

Abdominal echography \_\_\_\_\_ Date and Time: \_\_\_\_\_

Liver Size (medioclavicular) \_\_\_\_\_  
Steatosis  yes  no \_\_\_\_\_ %  
Patent portal vein  yes  no \_\_\_\_\_  
Focal lesions: \_\_\_\_\_

Splenomegaly  yes  no

Pancreas: \_\_\_\_\_

Left kidney Size (min. two dimensions): \_\_\_\_\_  
Focal lesions: \_\_\_\_\_

Right kidney Size (min. two dimensions): \_\_\_\_\_  
Focal lesions: \_\_\_\_\_

Comment: \_\_\_\_\_  
Specialist: \_\_\_\_\_

**Lung history and chest**

*Lung history:*

Smoker: \_\_\_\_\_ Pack/Years \_\_\_\_\_ Stopped \_\_\_\_\_

*Chest examination*

Tracheal secretion  yes  no Quantity: \_\_\_\_\_ Color: \_\_\_\_\_

Suspected aspiration  yes  no Date: \_\_\_\_\_

Chest drains  no  left  right  left and right

*Chest X-ray*

Date and Time: \_\_\_\_\_

Atelectasis  no  left  right  left and right

Pneumonia  no  left  right  left and right

Pneumothorax  no  left  right  left and right

Pleura effusion  no  left  right  left and right

Contusion  no  left  right  left and right

Infiltration  no  left  right  left and right

Nodule/mass  no  left  right  left and right

Radiologist: \_\_\_\_\_

*CT scan*

Date and Time: \_\_\_\_\_

Main findings: \_\_\_\_\_

Radiologist: \_\_\_\_\_

*Bronchoscopy*

Secretion purulent  yes  no

Hemorrhagic  yes  no

Mucosa inflammatory  yes  no

ulceration  yes  no

Cytology  yes  no

Bacteriology  yes  no

Other: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Comment: \_\_\_\_\_

Specialist: \_\_\_\_\_



### Blood laboratory results

Date and Time	On Admission	Most recent		
Hb				
Hct				
Leucocytes				
Platelets				
Glucose				
HbA1C				
Na				
K				
Calcium				
Magnesium				
Phosphate				
Urea				
Creatinine				
Osmolality				
CPK				
CK-MB				
Troponin				
Myoglobin				
ASAT				
ALAT				
LDH				
Gamma GT				
Alc. Phos				
Bilirubin total				
Bilirubin direct				
Pancreatic amylase				
Lipase				
Protein total				
Albumin				
CRP				
Quick				
INR				
aPTT				
Fibrinogen				
Factor V				

**Urine laboratory results**

Date and Time:

pH	
Glucose	
Protein	
bilirubin	
Urobilinogen	
Na	
Potassium (Ka)	
Osmolality	
Albumin	
Creatinine	
Albumin/Creatinine	
Protein/Creatinine	
Erythrocyte	
Leukocyte	
cyclin	

**Vital signs**

Date and Time					
Heart rate					
Heart rhythm					
Blood pressure syst	mmHg				
Blood pressure dia	mmHg				
Blood pressure mean	mmHg				
CVP	mmHg				
CI	l/min/m <sup>2</sup>				
ELWI	ml/kg				
Wedge	mmHg				
SvO <sub>2</sub>					
Temperature	° C				
Urine output	ml/h				
Balance	ml/24 h				

**Therapy (including anti-diuretics)**

Date and Time							
Product	Unit						

**Transfusions**

Date and Time					
Blood					
FFP					
platelets					

**Ventilation settings**

Date and Time					
Tidal volume	ml				
Rate					
Inspiratory pressure	mbar				
PEEP	mbar				
FiO <sub>2</sub>	%				

**Blood Gases**

Date and Time					
ph					
PaCO <sub>2</sub>	kPa				
PaO <sub>2</sub>	kPa				
HCO <sub>3</sub>	mmol/l				
BE	mmol/l				
Sat.	%				