

Wisconsin Organ 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 gift

Decedent information

Decedent's name (Last, First, MI): _____

Age: _____ Race: _____ Sex: _____

Medical information

Medical record number: _____

Type of donor: ☐ Brain death ☐ Cardiac death

Date of death: _____ Time of death: _____

Time last known alive if time of death is uncertain: _____

Death information

☐ Hospital death Hospital name: _____

☐ Scene Death

Briefly describe events leading to death:

Name of coroner or medical examiner contacted: _____

Coroner or medical examiner case number: _____

County of origin: _____ Date and time: _____

Name of Investigator (if known): _____ Date and time: _____

Were family members contacted for the donation?

☐ Yes ☐ No

If yes, then provide phone number: _____

Relationship to donor: _____

Address: _____

Organs requested

- ☐ Heart / Pericardium
- ☐ Intestine
- ☐ Kidneys (with adrenals)
- ☐ Liver
- ☐ Lungs
- ☐ Lymph Nodes
- ☐ Pancreas
- ☐ Spleen

Tissue requested

- ☐ Upper arm bones
- ☐ Bones of the leg and pelvis
- ☐ Connective Tissue
- ☐ Vertebral bodies
- ☐ Skin
- ☐ Heart for valves; descending thoracic aorta; pericardium
- ☐ Blood vessels (femoral, saphenous, aortic iliac graft)
- ☐ Eyes / Whole Globe
- ☐ Corneas
- ☐ Other: _____

Signature

Signature – Person completing form: _____ Date signed: _____

Print name and title: _____

Medical records review

Review of Medical Records to ensure documentation of the following.

Donor name: _____ Medical Record Number: _____

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

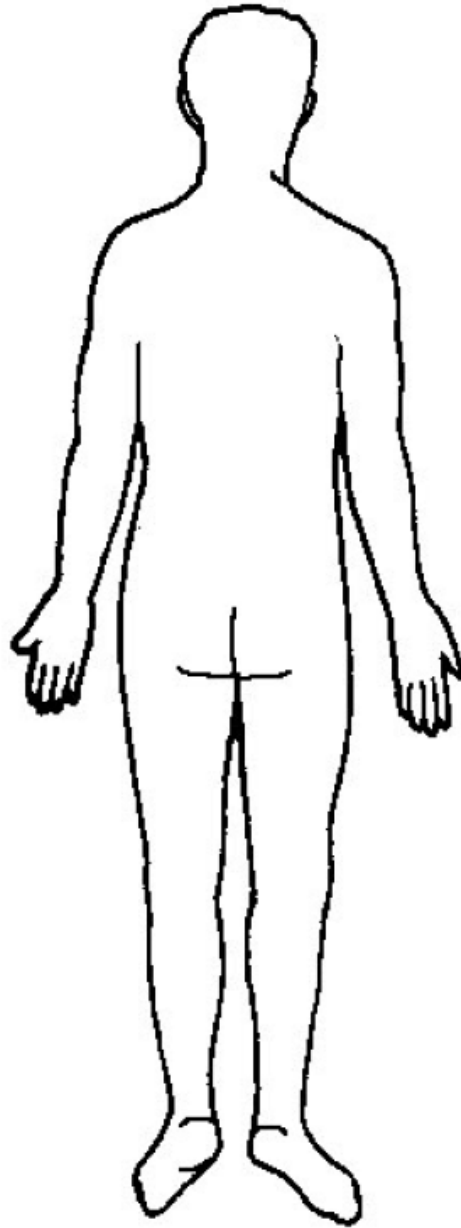
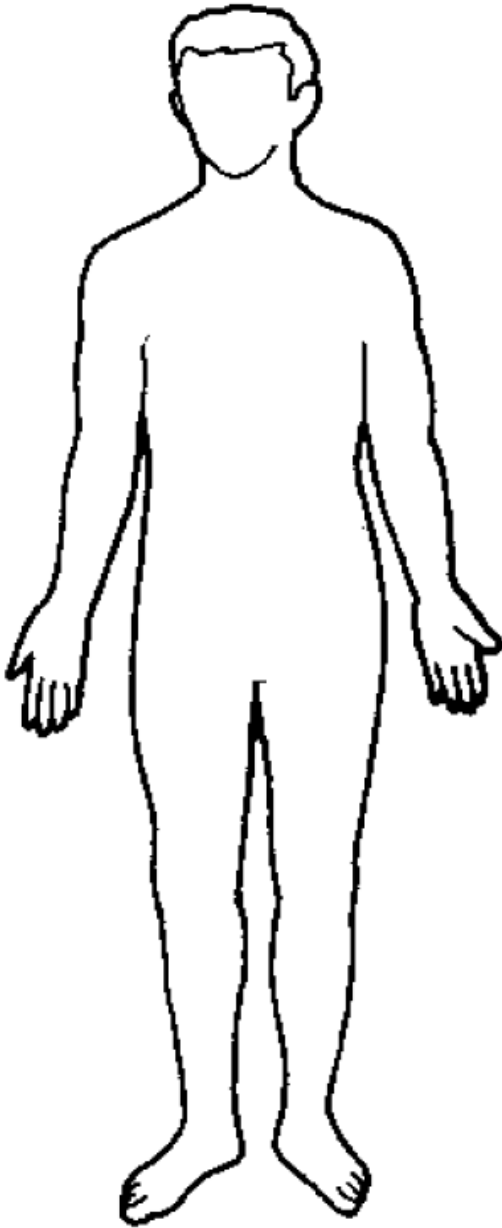
CT scan or MRI of the head? ☐ Yes ☐ No

Fresh fractures of long bones, clavicles or ribs? (Particular attention to be paid to metaphysical long bone, clavicle and rib fractures) ☐ Yes ☐ No

Retinal hemorrhage or other eye injury? ☐ Yes ☐ No

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: _____ Date signed: _____

Print name and title: _____

Donor name: _____ Medical record number: _____

Medical tests

Tests used to determine suitability of organs for purposes of transplantation

(Please check appropriate boxes. Exact results are not necessary, only whether test was done or not)

- | | | |
|---|---|--|
| ☐ Heart | ☐ BUN | ☐ ABG's |
| ☐ Liver | ☐ Amylase | ☐ Coagulation Studies |
| ☐ Kidneys | ☐ CXR | ☐ CPK |
| ☐ Pancreas | ☐ Liver Function Tests | ☐ Urinalysis |
| ☐ Lungs | ☐ Echocardiogram | ☐ Lipase |
| ☐ Intestines | ☐ Coagulation Studies | ☐ Sputum Gram Stain |
| ☐ ECG | ☐ Serum Creatinine | ☐ Other: _____ |
| ☐ Liver Function Tests | ☐ Serum Glucose | |

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: _____

MD/technician signature: _____ Organization name: _____

Donor name: _____ Medical Record Number: _____

Thoracic cavities

Operative procedure according to Recovery Center protocol

Right lung

- ☐ Evaluation shows normal organ function (Serum Electrolytes, CBC, Chest X-Ray, Blood Gases, Gram Stain)
- ☐ Organ function appears abnormal (add comments): _____
- ☐ No gross pathology noted in organ
- ☐ Pathology noted in organ (add comments): _____
- ☐ Organ not recovered
- ☐ Additional findings: _____

Left lung

- ☐ Evaluation shows normal organ function (Serum Electrolytes, CBC, Chest X-Ray, Blood Gases, Gram Stain)
- ☐ Organ function appears abnormal (add comments): _____
- ☐ No gross pathology noted in organ
- ☐ Pathology noted in organ (add comments): _____
- ☐ Organ not recovered
- ☐ Additional findings: _____

Heart and pericardium

Operative procedure according to Recovery Center protocol

- ☐ Evaluation shows normal organ functioning (Serum Electrolytes, CBC, ECG, Echocardiogram, Chest X-Ray, Blood Gases)
- ☐ Organ function appears abnormal (add comments): _____
- ☐ No gross pathology noted in organ
- ☐ Pathology noted in organ (add comments): _____
- ☐ Organ not recovered
- ☐ Additional findings: _____

Surgeon name: _____ Surgeon hospital: _____

Donor name: _____ Medical record number: _____

Abdominal cavity

Operative procedure according to Recovery Center protocol

Right kidney and adrenal

☐ Evaluation shows normal organ functioning (Serum Electrolytes, CBC, BUN, Serum Creatinine, Urinalysis, Urine Output)

☐ Organ function appears abnormal (add comments): _____

☐ No gross pathology noted in organ

☐ Pathology noted in organ (add comments): _____

☐ Organ not recovered

☐ Additional findings: _____

Left kidney and adrenal

☐ Evaluation shows normal organ functioning (Serum Electrolytes, CBC, BUN, Serum Creatinine, Urinalysis, Urine Output)

☐ Organ function appears abnormal (add comments): _____

☐ No gross pathology noted in organ

☐ Pathology noted in organ (add comments): _____

☐ Organ not recovered

☐ Additional findings: _____

Surgeon name: _____ Surgeon hospital: _____

Pancreas and spleen

Operative procedures according to Recovery Center protocol

☐ Evaluation shows normal organ function (Serum Electrolytes; CBC, Amylase, Serum Glucose)

☐ Organ function appears abnormal (add comments): _____

☐ No gross pathology noted in organ

☐ Pathology noted in organ (add comments): _____

☐ Organ not recovered

☐ Additional findings: _____

Surgeon name: _____ Surgeon hospital: _____

Intestine and lymph nodes

Operative procedure according to Recovery Center protocol

☐ Evaluation shows normal organ function (Serum Electrolytes, CBC, Coagulation Studies, Liver Function Tests)

☐ Organ function appears abnormal (add comments): _____

☐ No gross pathology noted in organ

☐ Pathology noted in organ (add comments): _____

☐ Organ not recovered

☐ Additional findings: _____

Surgeon name: _____ Surgeon hospital: _____

Liver

Operative procedure according to Recovery Center protocol

☐ Evaluation shows normal organ function (Serum Electrolytes, CBC, Coagulation Studies, Liver Function Tests, Other: _____)

☐ Organ function appears abnormal (add comments): _____

☐ No gross pathology noted in organ

☐ Pathology noted in organ (add comments): _____

☐ Organ not recovered

☐ Additional findings: _____

Surgeon name: _____ Surgeon hospital: _____