Updated June 2013

Anzdata Registry

Living Kidney Donor Registry

Operative Data

LIVING DONOR NUMBER | **DONOR SURNAME** | **DONOR GIVEN NAMES** | **DATE OF BIRTH**

1 ANZDATA RECIPIENT REGISTRY NUMBER

Leave blank for preemptive transplant

2 DONOR HOSPITAL (place of nephrectomy)

Hospital / State

Write in

3 TRANSPLANT HOSPITAL (place of recipient transplant operation)

Hospital / State | Hospital Unit No.

Write in

4 DATE OF TRANSPLANT

5 SURGEON

6 OPERATION DETAILS

WHICH KIDNEY
L = Left
R = Right

TYPE OF OPERATION
L = Laparoscopic
H = Hand assisted laparoscopic
O = Open

APPROACH
E = Extraperitoneal
T = Transperitoneal

NUMBER OF ARTERIES

NUMBER OF VEINS

NUMBER OF URETERS

OTHER OPERATION DETAIL (Write In)

7 ADVERSE EVENTS

INFECTION
Y=Yes
N=No

(If Yes)

SITE
L = Lung
U = Urine
W = Wound
O = Other

OTHER SITE (Write in)

POST OP URINE CULTURE?
Y=Yes
N=No

INFECTION **(If Yes)**
Y=Yes
N=No

ORGANISM
E = E.Coli
K = Klebsiella
T = Enterococcus
N = Not Isolated
O = Other

OTHER ORGANISM (Write in)

FURTHER ADVERSE EVENTS
N = None
A = AMI
D = Deep Vein Thrombosis
H = Haemorrhage (requiring transfusion)
P = Pulmonary Embolus
O = Other (specify)

FURTHER ADVERSE EVENTS (Write in)

8 DISCHARGE

DAYS IN HOSPITAL

DISCHARGE CREATININE (µmol/L)

Hospital Responsible for Following Up of Donor
(place of long term management)

COMMENTS