



NAME TAG

**II Preoperative / baseline data** (3 pages):

• Local hospital:

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*Hospital of diagnostic evaluation and/or follow up*

• Previous urinary tract disease/condition:

→ No

→ Yes  → [1-6 choices of 6]:

→ Significant Urinary Tract Infection(s)\*

→ Hematuria (micro-/macro-)

→ Urolithiasis

→ Tumor

→ Renal anomaly/Other renal disease

→ Other UT disease/condition

Specify:

Specify:

Specify:

**\*Definition of Significant Urinary Tract Infection(s):**

♂: Any UTI

♀: Any pyelonephritis. >1 lower UTI/cystitis per 10 years of age

• Height:

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 (cm) [limit 40-250]

• Blood group [1 of 4]:

A  B  O  AB

• HLA mismatches:

[3 of 3]

HLA-A:

HLA-B:

HLA-DR:

[limit 0-2]

• Infectious diseases:

[3 of 3]

CMV:

EBV:

VZV:

[IgG +/-]

Other **positive** infectious parameter  Specify:

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• Kidneys/vessels evaluated by: [1-6 of 6]

Ultrasound

Angiography; conventional/invasive

Rtg. urography

Renography (isotope-)

CT/-angiography

MR/-angiography

*Risk factors (baseline) on next 2 pages*

## II-b Baseline risk factors :

### 1. Weight/Lipids:

*During evaluation or at admission*

- Weight:  (kg) [limit 3-200; nnn,d]
- BMI:  ( $\text{kg/m}^2$ ) [Weight/Height<sup>2</sup>; Limit 10-50; nn,dd]
- p-Cholesterol:  (mmol/l) [limit 1-40; nn,dd]
- p-Triglycerides:  (mmol/l) [limit 0-10; nn,dd]
- p-HDL: (mmol/l)  [limit 0-10; nn,dd]
- Anti-lipid drugs; number of:  [limit 0-3]

### 2. Tobacco:

- Smoking ? [1 choice of 3]:
  - No
  - Previously  *Previously > 3 years smoking or > 3 "pack years" (not at present)*
  - At present  *> 3 cigarettes per week*

### 2. Blood pressure:

*The representative pressure for donor acceptance;  
with or without antihypertensive drugs*

- Systolic blood pressure:  (mm Hg) [limit 50-300]
- Diastolic blood pressure:  (mm Hg) [limit 30-250]
- Anti-hypertensive drugs; number:  [limit 0-7]

### 4. Kidney function/ Protein in urine:

- Plasma indicators: [1-2 parameters of 2]
  - Creatinine:  ( $\mu\text{mol/l}$ ) [limit 20-2000]
  - Cystatin C:  ( $\mu\text{mol/l}$ ) [limit 20-2000]  
(Optional)

● Glomerular Filtration Rate: [1-2 parameters of 4]

- Creatinine Clearance:    (ml/min) [limit 10-250]
- Cr-EDTA Clearance:    (ml/min) [limit 10-250]
- Iohexol Clearance:    (ml/min) [limit 10-250]
- Estimated Clearance a.m. \*Cockroft:    (ml/min) [limit 10-250]

\*Cockroft formula:  $\text{Weight (kg)} \cdot (140 - \text{Age (years)}) \cdot C \cdot 1/\text{Creatinine } (\mu\text{mol/l})$   
 $\text{♂: } C = 1,23 \quad \text{♀: } C = 1,23 \cdot 0,85 \quad (1/1000 \cdot \text{kg} \cdot \text{years} \cdot \text{min})$

● Proteinuria

- No
- Yes

Definition: < 0.5 g protein/ 24 hours  $\cap$  < 0.3 g albumin/ 24 hours

→ Method(s) of detection: [1-4 parameters of 4]

- Single miction: Sticks  → Semi-quant. value:  [1-4]
- 24 hour urine: Protein assay  → Protein mass:    (g) [0-99: nn,d]
- Single miction: Alb./Creat.-assay  → Alb.:Creat. ratio.:   (mg/mmol) [0-20: nn,d]
- Single miction: Protein-assay  → Estimated protein mass:   (g) [0-99: nn,d]

● Microalbuminuria [1 of 3]

- Not examined
- No
- Yes

Definition: < 30 mg albumin/24 hours

→ Method(s) of detection: [1-4 parameters of 4]

- Single miction: Sticks  → Semi-quant. value:  [1-4]
- 24 hour urine: Albumin assay  → Albumin mass:    (mg) [0-9999]
- Single miction: Alb./Creat.-assay  → Alb.:Creat. ratio.:   (mg/mmol) [0-20: nn,d]
- Single miction: Albumin-assay  → Estim. alb. mass:   (mg) [0-9999]

5. Diabetes mellitus

● Diabetes/Pre-Diabetes ?

- No
- Yes  → [3 parameters of 3].

→ Year of diagnosis:     [limit 1900-2200]

→ Diagnostic criteria / level of disease; specify:

- Treatment → [1 of 4]:
  - None
  - Diet
  - Peroral anti-diabetic drugs
  - Insulin

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**III Data relating to the donor operation** (2 pages):

• Date of operation:  [date; ddmmyy]

• Kidney removed (side) : Left:  Right:

• Operative technique [1 of 3 main categories]:

→ **Open**  →[1 of 3]:

→ Flank incision:  → Costal resection: No:  Yes:

→ Subcostal/ventral and **retroperitoneal**:

→ Subcostal/ventral and **transperitoneal**:

→ **Scopic**  →[1 of 3]:

→ Laparoscopic (transperitoneal)  →[1 of 3]:

→ Strict scopic:

→ Hand-assisted with handport:

→ Hand-assisted without handport:

→ Retroperitoneoscopic  →[1 of 3]:

→ Strict scopic:

→ Hand-assisted with handport:

→ Hand-assisted without handport:

→ **Converted to open**  →[2 of 2]:

→ Scopic start of op.:  →[1 of 2]:

→ Laparoscopic:

→ Retroperitoneoscopic:

→ Reason for conversion:

→ **Combined procedures**

(not only hand-assisted) →[1 of 2]:

→ Open during caval exclusion:

→ Other modification; specify:

• Number of renal arteries (donor kidney) [1 of 2]:

*Anatomically prior to division*

→ One renal artery :  →[1 of 1]:

→ Two (or more) arteries after division due to early branching: Yes:  No:

→ Multiple arteries:  →[2 of 2]:

→ Number :  [limit 2-6]

→ One or more arteries not demonstrated preop. by angiography/CT/MR:

Yes:  No:

● Peroperative complications/incidents:

→ No

→ Yes  → [1-5 of 5]:

→ Bleeding requiring transfusion  → [2 of 2]: → Units of blood:   [lim 1-99]

→ Specify event:

→ Visceral perforation  → Specify:

→ Lesion of renal vessel(s)  → Specify:

→ Other perop. complication  → Specify:

→ Renal tumor  → [2 of 2]:  
→ Specify tumor:

→ Kidney discarded: Yes:  No:

● Operative time:    (min) [limit 20-999]

*“Skin to skin” time  
- Inactive time may be subtracted  
(e.g. waiting for recipient)*

● Anesthetic time:    (min) [limit 30-999]

*Intubation to extubation*



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**IV Postoperative data** (1 page):

● Postoperative complications/incidents:

Within 30 days post donation

→ No

→ Yes  → [1-8/8]:

→ Bleeding requiring transfusion  → Units of blood postop.:  [lim 1-99]

→ Wound complications  → [1-3 of 3]:

→ Infection:

→ Specify:

→ Lymphocele:

→ Specify:

→ Dehiscence:

→ Specify:

→ Urinary tract infection

→ Specify:

→ Pneumonia

→ Specify:

→ Thromboembolism  → [1-3 of 3]:

→ Deep vein thrombosis:

→ Pulmonary embolism:

→ Other  → Specify:

→ Anti-hypertensive treatment

→ Other postop. complication  [1-2 of 2]:

If not also antihypertensive medication preop.

→ ICD-10 diagnostic code:  [Xmn.d]

→ Specify:

→ Reoperation

→ Specify:

● Postop kidney function by plasma indicators [1-2 of 2]

Last measurement prior to discharge

→ Creatinine:  (µmol/l) [limit 20-2000]

→ Cystatin C:  (µmol/l) [limit 20-2000]  
(Optional)

● Date of discharge:  [date; ddmmyy]

Discharge from Tx-related department

● Postop. days in hospital:  [lim 1-60]

Date of discharge ÷ Date of operation

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## V Follow-up at 3 months – n years post-donation

(same module for all time points) (4 pages):

• Date of consultation:  [date; ddmmyy]

• Weeks out of work due to donation:  (weeks) [limit 0-999]

Unemployed, pensioner etc:  
0 weeks

• Have you suffered economic loss due to donation (> 300 Kr.)? [1 of 3 choices]

- Loss of income
- Altered working conditions
- Aid at home/children
- Cover charges/drugs etc

→ No – no problem with compensation

→ No – but **troublesome** compensation

→ Yes

→ Specify:

→ Specify:

• Has the donation affected your health in negative direction (somatic or mental)?

→ No  → [1-3 of 3]

→ Approximate date of **full restitution**:  [date; ddmmyy]

**Full restitution:** No difference in negative direction compared with the predonation status

- Rel. to kidney recipient? - Pos./neg. outcome?
- Sufficient information?
- Notify if you would not have donated again, under the same conditions

→ **Positive** experiences/ mental effect by donation. → Specify (optional):

→ **Negative** experiences/ problems by donation. → Specify (optional):

→ Yes  → [1-5 of 5]

→ **Pain** (relating to donation)  → [2 of 2]:

→ Analgesic drugs? → [1 of 3]:

→ Every day

→ Sporadically

→ Seldom/Never

→ Location/type ; specify briefly:

→ Physically reduced capacity  → Specify:

→ Mentally reduced capacity  → Specify:

→ **Negative** experiences/ Other problems  → Specify:

→ **Positive** experiences/ mental effect by donation. → Specify (optional):

• Late complication or readmission related to donation?

→ No

→ Yes  → [1-5 choices of 5]:

→ **Wound** complications  → [1-3 of 3]:

→ Hernia / protrusion  → Specify:

→ Lymphocele/(seroma)  → Specify:

→ Sensory disturbance/ hyperesthesia (significant)  → Specify:

> 30 days post-donation



Specify reason for readmission, diagnosis, and type of reoperation/ intervention.

→ **Uremia**  → [2 of 2]:  
→ Dialysis: No:  Yes:   
→ Specify disease - - - - - :

→ **Readmission**  → Specify:  
→ **Reoperation**  → Specify:  
→ **Other late complication**  → Specify:

• Significant intercurrent disease (not clearly related to donation) or pregnancy ?

→ **No**   
→ **Yes**  → [1-7 choices of 7]:

→ **Urinary tract disease**  → [1-6 choices of 6]:

→ **Urinary Tract Infection(s)**   
→ Specify:

→ **Hematuria (micro-/macro-)**   
→ Specify:

→ **Urolithiasis**   
→ Specify:

→ **Tumor**  → [1-2 of 2]:  
→ **ICD-10 diagnostic code:**       [Xnn.d]  
→ Specify:

→ **Renal anomaly**  → [1-2 of 2]:  
→ **ICD-10 diagnostic code:**       [Xnn.d]  
→ Specify:

→ **Glomerular/interstit. disease**  → [1-2 of 2]:  
→ **ICD-10 diagnostic code:**       [Xnn.d]  
→ Specify:

→ **Other UT disease/condition**  → [1-2 of 2]:  
→ **ICD-10 diagnostic code:**       [Xnn.d]  
→ Specify:

→ **Cardiovascular disease**   
→ Specify:

→ **Pulmonary disease**   
→ Specify:

→ **Thromboembolism**  → [1-3 of 3]:  
→ **Deep vein thrombosis:**   
→ **Pulmonary embolism:**   
→ **Other**  → Specify:

→ **Other infectious disease**   
→ Specify:

→ **Other intercurrent disease**   
→ Specify:

→ **Pregnancy**   
→ Specify:



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