Consortium for Organ Preservation in Europe

Work Package 4

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Logistics Manual UK side

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1. Abbreviations

COPE	Consortium for Organ Preservation in Europe
DCD	Donor after Circulatory Death
DGF	Delayed Graft Function
LK1Fo	Left kidney formalin
LK1Rn	Left kidney RNAlater
LKP1	Donor left kidney perfusate 1
LKP2	Donor left kidney perfusate 2
MTO	Medical technical officer
P3	Perfusate 3
RB1.1	Recipient blood 1.1
RB1.2	Recipient blood 1.2
RK1Fo	Right kidney formalin
RK1RN	Right kidney RNAlater
RKP1	Donor right kidney perfusate 1
RKP2	Donor right kidney perfusate 2
RT	Room Temperature
SNOD	Specialist nurse in organ donation
TT	Transplant Technician

2. Roles

Anaesthetist	Medical practitioner responsible for administering the general anaesthetic to the transplant recipient
COPE project office	Administrative office of the COPE project.
MTO	Medical Technical Officer employed by Oxford University Hospitals NHS Trust to assist with perfusion of organs and provide technical support to the organ retrieval team.
Recipient Transplant Coordinator	Healthcare professional responsible for communicating information to the implanting surgeon for a final decision to be made on accepting an organ for transplant
SNOD	Specialist nurse with the relevant knowledge, skills and training in organ donation, working within NHSBT Organ Donation Services Teams (ODST)
Transplant nurse	Healthcare professional who assists the surgeons and facilitates the transplant operation
Transplant Surgeon	Surgeon responsible for performing the transplant operation
Transplant Technician	Hired by the COPE project to collect data and samples at the recipient centres of the WP4 kidneys. Tasks and steps described in document below.

3. Work package background

Kidney transplantation is the best treatment for end-stage renal disease. Because of the ongoing organ shortage, higher-risk kidneys are being transplanted more often and especially the use of kidneys donated after circulatory death (DCD) from older donors (aged 50 years or more) is increasing exponentially. These higher-risk kidneys are especially vulnerable to ischaemia-reperfusion injury and optimal preservation to avoid delayed graft function and improve long term outcomes are vital. The standard method of storing and transporting a kidney for transplantation is to perfuse it with a cold perfusion solution and store the kidney in an ice box. However, it has already been shown that hypothermic machine perfusion preservation, where the cold preservation solution is continuously perfused through the kidney, improves short term graft function. Nevertheless, this preservation method still needs improvement to also increase long term graft function.

Hypothermic machine perfusion with the addition of oxygen

During cold storage, kidney metabolism – albeit decreased – continuous in an anaerobic environment, setting the stage for ischaemia-reperfusion injury at the time of transplantation. The addition of oxygen during hypothermic machine perfusion has the potential to reduce the damage that occurs, decrease ischaemia-reperfusion injury and ameliorate graft function.

After discussion the primary outcome measure for this trial has been shifted from delayed graft function, to measuring long-term graft survival, as a reduction in DGF in the past has had no impact on overall graft survival. Secondary measures include primary non function, serum creanine at 1, 3 & 12 months, functional DGF, graft and patient survival and biopsies.

4. Transplant Technicians and their role

The role of the Transplant Technician (TT) is vital to ensure the comprehensive collection of data and samples for this trial. More specifically, the role involves:

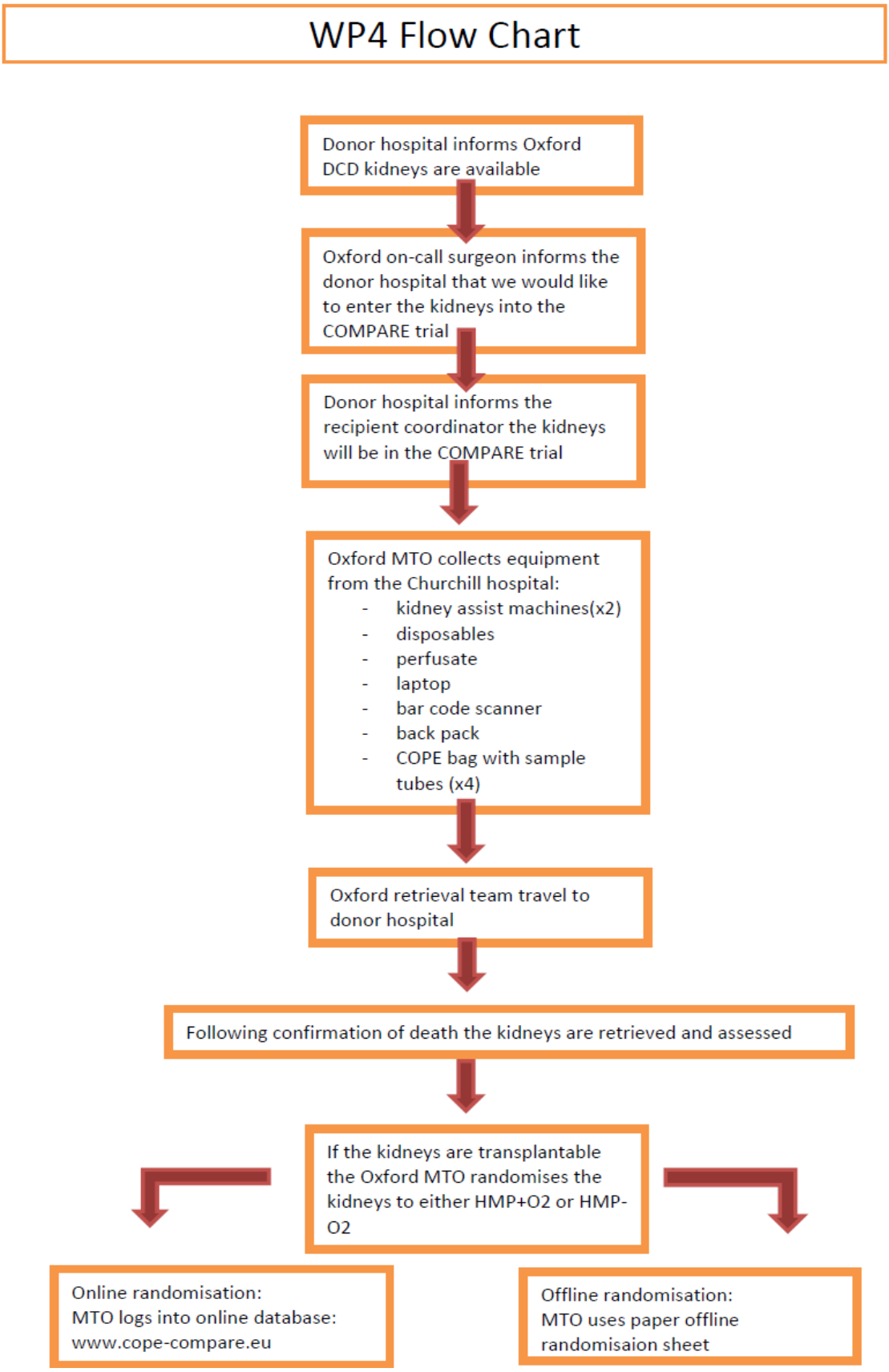
- Regular on-calls from home
- Must be able to reach the Churchill Hospital, Oxford, within 1 hour of receiving a call.
- Will travel by cab to and from the following possible kidney transplant units to which DCD kidneys have been assigned to in the past 2 years:

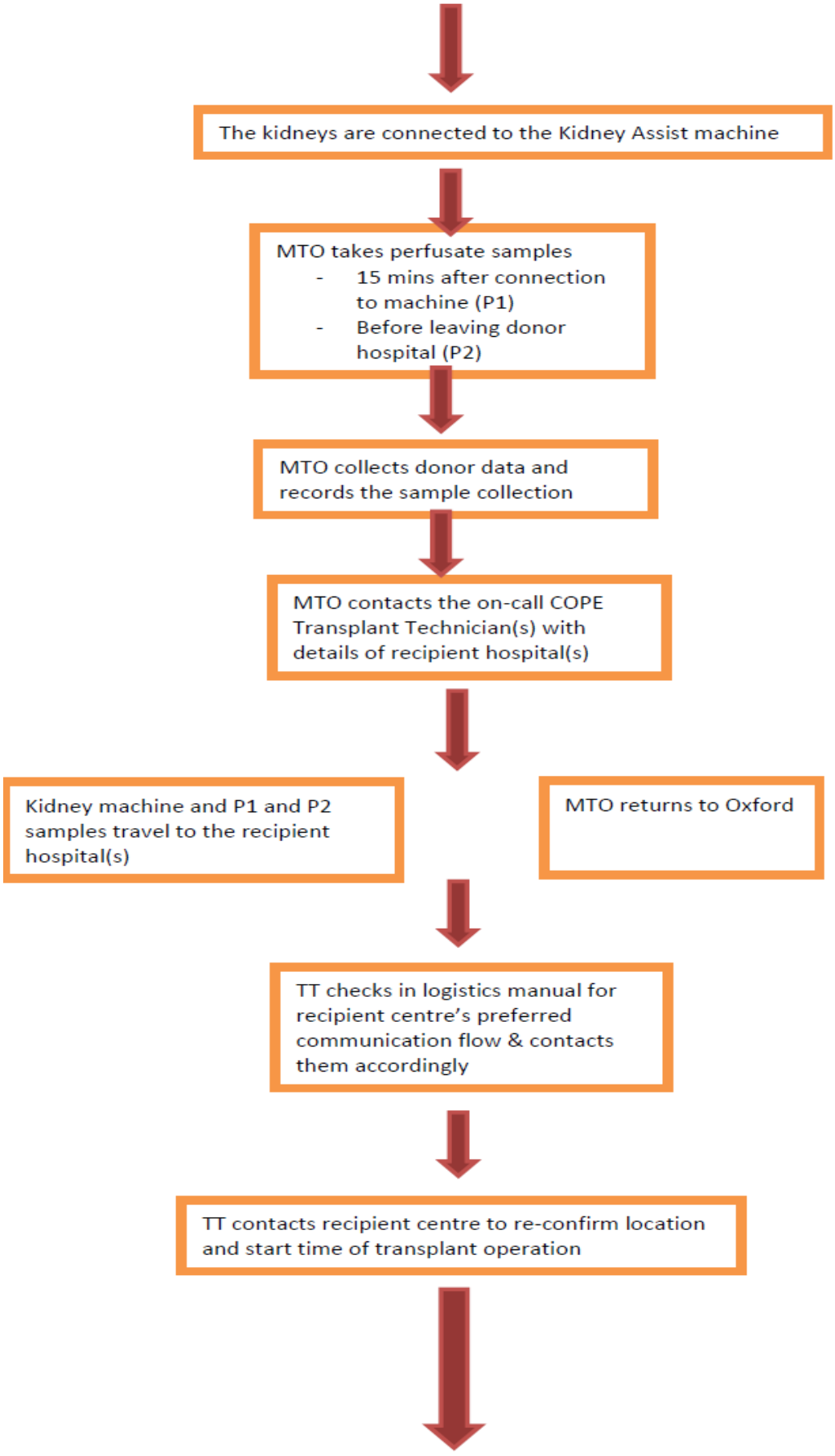
1	Cambridge Addenbrookes Hospital	Hills Rd, Cambridge CB2 0QQ
2	Cardiff University of Wales Hospital	Heath Park, Cardiff CF14 4XW
3	Coventry University Hospital	University Hospital, Clifford Bridge Road, Coventry, West Midlands CV2 2DX
4	Nottingham City Hospital	City Hospital Campus, Hucknall Rd, Nottingham NG5 1PB

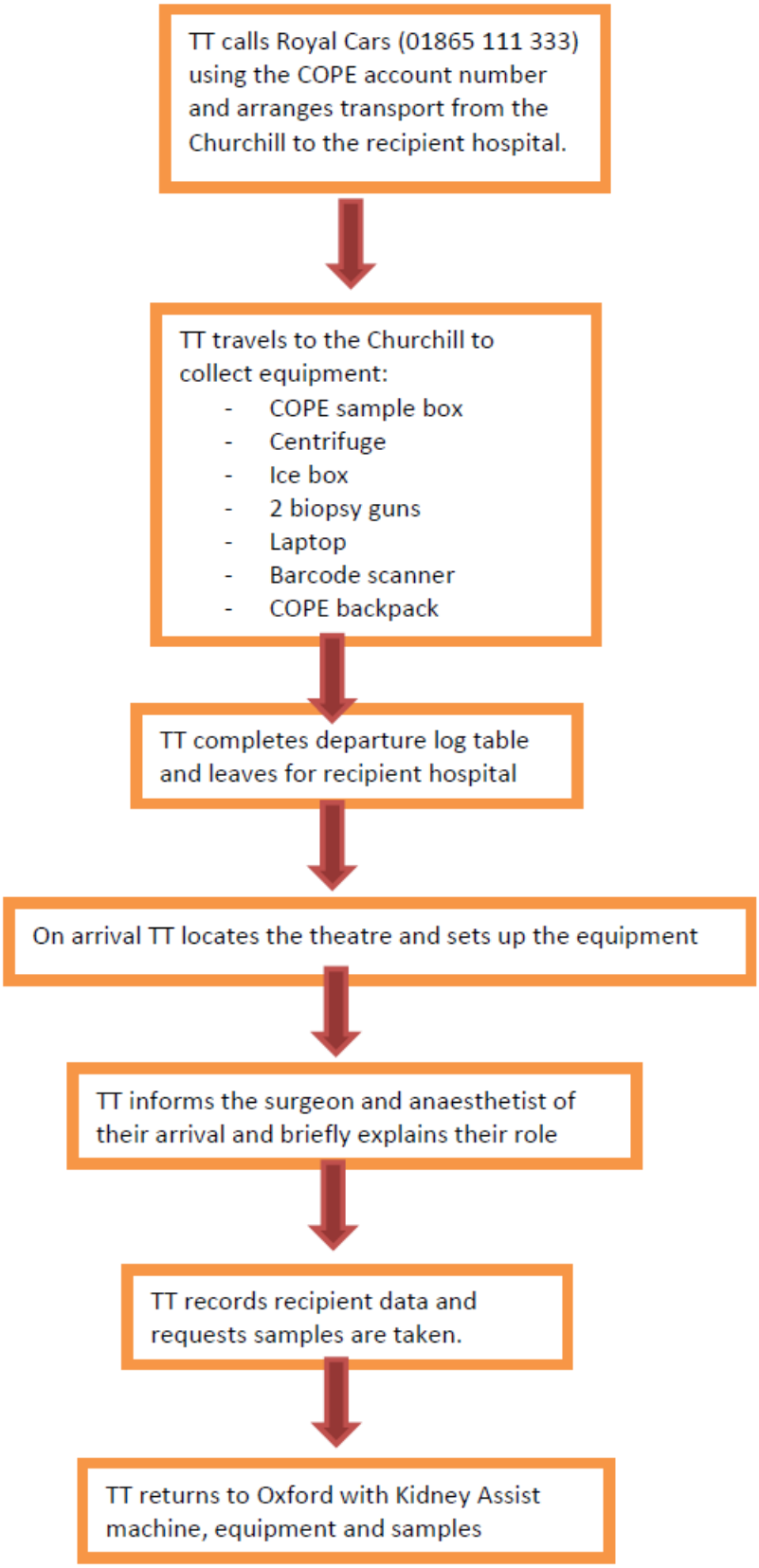
5	London Guy's	Great Maze Pond, London SE1 9RT
6	London Royal Free	Pond St, London NW3 2QG
7	London Royal	Whitechapel Road, Whitechapel, London E1 1BB
9	West London Renal and Transplant Centre	Hammersmith Hospital, 150 Du-Cane Road, London W12 0HS
10	Oxford Churchill Hospital	Old Rd, Oxfordshire OX3 7LE
11	Portsmouth Queen Alexandra Hospital	Southwick Hill Rd, Portsmouth, Hampshire PO6 3LY

- Will enter patient data in the database using designated COPE laptops
- Will ask clinicians to collect the required samples of tissue or fluid at pre-specified time points

5. Logistics Flowchart




The kidneys are connected to the Kidney Assist machine
MTO takes perfusate samples
- 15 mins after connection to machine (P1)
- Before leaving donor hospital (P2)
MTO collects donor data and records the sample collection
MTO contacts the on-call COPE Transplant Technician(s) with details of recipient hospital(s)
Kidney machine and P1 and P2 samples travel to the recipient hospital(s)
MTO returns to Oxford
TT checks in logistics manual for recipient centre's preferred communication flow & contacts them accordingly
TT contacts recipient centre to re-confirm location and start time of transplant operation


TT calls Royal Cars (01865 111 333) using the COPE account number and arranges transport from the Churchill to the recipient hospital.
TT travels to the Churchill to collect equipment:
- COPE sample box
- Centrifuge
- Ice box
- 2 biopsy guns
- Laptop
- Barcode scanner
- COPE backpack
TT completes departure log table and leaves for recipient hospital
On arrival TT locates the theatre and sets up the equipment
TT informs the surgeon and anaesthetist of their arrival and briefly explains their role
TT records recipient data and requests samples are taken.
TT returns to Oxford with Kidney Assist machine, equipment and samples

6. Description of logistic procedures

a.) General procedure

The Transplant Technician **will not be** involved in the donor side of sample and data collection as the Oxford retrieval team is called out and can cover this strand without additional resources.

The **donor** procedures are as follows:

- SNOD at the donor hospital calls the Oxford retrieval surgeon to mobilise the retrieval team for a DCD kidney donor.
- Oxford on-call surgeon informs SNOD that we are intending to enter these kidneys in COPE WP4 trial
- SNOD to inform recipient surgeon that the kidneys are intended to be part of COPE WP4 trial
- MTO is responsible for getting all trial equipment ready
- **Trial-related equipment** includes:
    - ✓ 2 Kidney Assist machines with their disposables and perfusion fluid
        - ➔ MTO needs to ensure that one machine has a full oxygen tank while the other machine needs to be equiped with an empty tank. Both tanks (full and empty) will be available. The MTO needs to remember / label discreetly which machine has the full tank to be sure to assign the randomised kidneys to the correct device
    - ✓ Ice for Kidney Assist machines
    - ✓ COPE bag with 4 donor sample tubes (2 perfusate samples per kidney)
    - ✓ COPE backpack including: laptop for data collection into database, hand scanner for bar code scanning on donor tubes, COPE folder with all information on the COPE trials and copies of regulatory approvals

*b.) **Donor** side*

Oxford retrieval team drives out to the donor centre together with the collected equipment and follows “normal” procedures. If kidneys are indeed retrieved and transplantable, then the following steps are carried out to kick-start the recipient strand of the trial:

- MTO **randomises** kidneys using the WP4 online database on www.cope-compare.eu
- The randomisation requires an internet connection as this cannot be made part of the offline database version. Different options are at hand:
    - Use the WiFi connection at the recipient centre with a guest access they would need to provide
    - Use a PC in theater if this is possible
    - Use the cellphone dataplan to access the internet
    - Call the COPE Transplant Technician on-call using the below rota sheet or through the number previously written down to

guide them through the needed donor information for randomisation if they have a computer access at hand. https://docs.google.com/spreadsheets/d/1bl1grZWnFDDq-IJ0Su5LDeJ6l-A5tl8An62daWc5WEI/edit?pli=1#gid=0

- Use the offline randomisation paper version provided to you by the Central Trial Manager

- After randomisation, MTO assigns the respective kidneys to the machines by telling the surgeon on which machine the right and on which machine the left kidney needs to go. This will depend on which machine has the full and which machine has the emtpy oxygen tank. MTO then switches on oxygenation buttons. Both machines have an oxygen tank in them and on both machines the oxygenation button needs to be switched on. However, in one machine the oxygen tank is empty and switching on the button will not start an O_2 supply.

- MTO takes empty tubes for **perfusate samples** and collects 2 perfusate samples per kidney at two different points in time. The MTO then places the collected perfusate sample in the ice of the matching Kidney Assist machine:

  ✓ 15 min. after the organ is connected to the machine
  ✓ Before leaving the donor hospital

- MTO contacts both **on-call COPE transplant technicians** (for kidney 1 and kidney 2) from the provided rota using their cell phone numbers and/or COPE pagers

- MTO communicates one recipient centre to each TT. Potentially, one or both kidneys could come back with the retrieval team for transplantation in Oxford.

- **If both kidneys are sent to the same recipient centre**, MTO only contacts one TT and informs them that both kidneys will go to the same centre (for guidance on this case, see section d.).

- MTO collects **donor data** and enters information into the database. If no internet connection is available, MTO can use the paper CRF document to collect donor data.

- MTO scans the bar codes on the perfusate tubes to link the barcode with the donor data in the database. Alternatively, MTO writes down perfusate tube bar codes on the paper CRF.

*c.) SOPs for collection of WP4 **donor** samples in the UK*

(please see seperate document: WP4 donor SOPs)

*d.) **Recipient** side*

- **1** kidney to 1 recipient centre: If the donor kidneys are sent to different recipient centres, MTO contacts two on-call TTs and they drive out in parallel to the different destinations both following “normal” procedure as described in this document.

- **2** kidneys to 1 recipient centre: If both kidneys are sent to the same recipient centre, only one TT drives out with the necessary equipment and two COPE sample boxes. The procedures are the same as with one recipient, however, the sample and data collection needs to be carried out twice in the same centre. The transplant procedures will not take place in parallel, hence, the TT should have time to effect both data and samples collections. If it can be anticipated that there will be long waiting times between both procedures, TT is to liase with other on-call TT(2) in Oxford to arrange for a timely replacement between both procedures. TT(2) drives out from Oxford following normal procedure and meets TT(1) at recipient centre for hand-over.

- **1** kidney returns to Oxford: If one kidney returns to Oxford with the retrieval team, TT comes to the Churchill Transplant site, collects the equipment and assists the procedure in Oxford following “normal” procedure, however, without transport and travel time.

- **2** kidneys return to Oxford: If both kidneys return to Oxford with the retrieval team, TT comes to the Churchill Transplant site, collects the equipment and assists both procedures. As there is no transport time involved, the TT should be able to cover data and sample collection for both procedures without needing TT(2).

e.) TT tasks & preparation at the Churchill Hospital

- TT is informed by the MTO to which recipient centre the kidney(s) was/were allocated to. Based on this information, TT checks in recipient centre table (page 21-22) for contact person and preferred information flow.

- TT contacts recipient centre as stated in table on page 21-22. The information listed there was provided by each recipient centre. It is therefore very important that the TT sticks as closely as possible to the preferred communication ways outlined by each recipient centre. The TT calls to ...

    - ✓ ... determine that they are aware of the trial
    - ✓ ... inform them that the TT will drive out to the recipient centre to collect samples and data according to the trial protocol and ethics approval (REC reference 14/SC/1056; IRAS project ID 153651)
    - ✓ ... ask them the estimated starting time of the recipient surgery
    - ✓ ... ask them for basic information / direction to the theater (e.g. building name, floor number etc.)
    - ✓ ... kindly request the on-call consultant surgeon’s contact number to be able to liaise with him/her on the more precise surgery time. TT makes sure to write this number down for possible later contact (if surgeon is happy to be contacted)!

- TT liaises with the on-call consultant surgeon (if surgeon is happy to be contacted) using the number provided to them by the recipient centre transplant coordinator, shortly reminds them of the ongoing trial and kindly asks them for a more precise starting time of the surgery to be able to plan their departure time from Oxford

- TT double-checks the theater information with the floor plans and basic maps provided at the end of the document.

- TT calls **Royal Cars through 01865 - 777 333** using the **COPE account number 142** to schedule the cab ride to the recipient centre from the Churchill Hospital site. The calculation of travel time needed should be cleared with the cab company as they have the expertise of road and traffic conditions for the specific destination needed.

- TT come to the Transplant Centre and accesses the COPE lab room on the ground floor using the door code CX834.

- TT collects all **necessary equipment** for the recipient data and sample collection and packs them in the provided backpack including:

    - ✓ COPE box for WP4 recipient
    - ✓ Centrifuge
    - ✓ Dry ice from the -80 freezer upstairs → important: in WP4, we keep the RNAlater biopsy for logistical purposes. Hence, the WP4 biopsies are both kept at room temperature and are not added to dry ice.
    - ✓ COPE backpack including:
        - 2 biopsy guns (one is for back-up)
        - laptop with charger (in backpack or next to it if its charging)
        - hand scanner for the barcodes (in backpack)
        - COPE folder with all necessary background documentation, copies of regulatory approvals and logistics manual (in backpack)

- Furthermore, TT needs to ensure to have the **following items and information** available to them before leaving the Churchill site that they have ...

    - ✓ ... the address of recipient centre
    - ✓ ... the floor plan and contact details of the recipient centre
    - ✓ ... their charged cellphone (& optionally the COPE pager)
    - ✓ ... their log-in details to use the database on the laptops

- Before leaving the lab room with all equipment, TT fills the **departure log table** pinned to the lab wall for WP4 (kidney) including:

    - ✓ TT name
    - ✓ Date
    - ✓ Departure time
    - ✓ Destination
    - ✓ Check boxes for completeness of equipment
    - ✓ Signature

f.) Transport

- TT gets into waiting “Royal Car” cab, re-confirms the destination and the COPE account number with the driver and drives to recipient centre. Make sure to take note of the driver’s cell phone number to communicate with him/her for the return trip.

- **During day-time hours**, TT can re-confirm his estimated arrival time with the recipient centre. During night-time, too many phone calls should be avoided and a re-confirmation of arrival should only be envisaged if the TT was delayed in his departure. All contact with the recipient centre should be in line with the contact & information flow table on page 21-22.

g.) Arrival at recipient hospital

- Upon arrival, TT makes his/her way to the theater room following the basic directions given and the floor plans provided at the end of the document.

- Upon arrival in theater, TT liaises with consultant surgeon and anaesthetist to inform them of their arrival. TT needs to be able to answer basic questions about the trial if they are asked at this stage.

- TT informs consultant surgeon and anaesthetist about the samples they will collect. To make it easier for the anaesthetist, TT hands him the sample information sheet provided in the WP4 recipient box. This sheet lists the different samples to be taken so that the anaesthetist does not need to remember them. The samples include

    - ✓ P3: Perfusate from machine just before kidney is taken off → taken by Technician directly from the perfusion machine circuit
    - ✓ RB1 & RB2: blood samples (1 EDTA & 1 SST after anaesthesia and 1 EDTA & 1 SST 1hour after reperfusion prior to closure)
    - ✓ KT1: Kidney reperfusion biopsy 1h after reperfusion taken with the biopsy gun provided by COPE. Biopsy is cut in half for formalin & RNAlater

- TT asks theatre staff for a suitable place to set the centrifuge. TT sets up laptop and centrifuge to be ready for the ensuing procedure

h.) Data collection

- TT starts laptop and opens the WP4 offline database version. If the database is not available, TT can use the paper CRF provided in the backpack.

- TT can access recipient data through the patient’s medical records available in theatre at the time of the procedure. TT to liaise with transplant nurse for access to the file. If asked, the TT should confirm that the recipient has been consented for participation in the trial and has signed a consent form for his data and samples to be included.

i.) Sample collection

- TT is to check that the consent form is signed by the recipient. The consent form should be available in the patient file. If no consent has been given for sample collection, then TT can only collect recipient **data** and has to take note of the missing consent in the appropriate field of the database.

- TT collects the samples in accordance with the SoPs

*j.) SOPs for **recipient** sample collection in the UK*

(Please see the seperate document for WP4 recipient sample SOPs in the UK)

k.) Prepare for return

- TT notifies waiting cab of approaching departure

- TT double-checks that data is complete in the database (online or offline version). If a set of data or a field could not be entered, TT takes note of this to report back to the COPE office

- TT double-checks that sample collection is complete, that the blood samples are centrifuged and that the centrifuged samples are stored in the ice box. If a sample could not be taken (e.g. surgeon refused to take biopsy), TT takes note of this to report back to the COPE office

- TT gets Kidney Assist machine ready for return transport. This entails emptying the ice compartment of the machine as well as throwing used machine disposables away in a clinical waste bin. **Be sure to keep the sensors and only throw away the disposable circuit.**

- The Kidney Assist machine have been transported on a trolley labelled “COPE”. This trolley should be in treathe and will need to be returned to Oxford. Place the empty Kidney Assist machine and other equipment on top of the trolley to walk back to the cab.

- TT leaves the recipient hospital

l.) Return at the Churchill

- TT arrives back at the Churchill and makes his/her way back to the Transplant Unit organ perfusion lab room (door code CX834)

- TT deposits the following items back in the organ perfusion lab room:

    - ✓ Empty WP4 sample collection box in the “used” box rack for recycling
    - ✓ Formalin & RNAlater biopsies in the “incoming biopsies” rack as they stay at room temperature before further processing
    - ✓ Centrifuge

- ✓ Backpack including laptop, laptop charger, hand scanner, potentially unused biopsy gun and COPE folder
- ✓ Laptop is left in the backpack for protection. Make sure it is shut off and battery is not fully empty. If battery is empty, plug laptop in for the next procedure
- ✓ Kidney Assist machine must be empty and clean ready for the next retrieval and stored on their allocated space in the lab room
- ✓ Fold the trolley and leave it by the fridges in the Organ Perfusion lab room.
- ✓ Make sure the room is in good order in case of a liver procedure in the same day or night.

- TT deposits the following items in the -80 freezer on the 1st floor of the transplant unit
  - ✓ Centrifuged and transferred blood and perfusate samples in the "incoming samples" box in the -80 freezer

- Before leaving the organ perfusion lab room, the TT fills the arrival log table pinned to the lab room wall with the following information:
  - ✓ TT name
  - ✓ Date
  - ✓ Return time
  - ✓ Return from
  - ✓ Check boxes for return of equipment
  - ✓ Signature to confirm that returned Kidney Assist machine has been cleaned and is ready for next procedure
  - ✓ Possible comment on data collection
  - ✓ Possible comment on sample collection
  - ✓ Possible comment on any other issue (e.g. other problems encountered, feedback, questions to be addressed for next procedure etc.)
  - ✓ Signature for correctness of information

- Before leaving the organ perfusion lab room, the TT fills the machine accountability log table pinned to the lab room wall with the following information:
  - ✓ TT name
  - ✓ Date
  - ✓ Cleaning information
  - ✓ Confirm that machine is returned in good order
  - ✓ Confirm that machine is ready to be set up for next procedure
  - ✓ Confirm that batteries have been put to charge
  - ✓ Signature for correctness of information

7. Administration

a.) Device accountability

- TT is to clean Kidney Assist machine to ensure it is ready for the next transplantation procedure. All cleaning steps are outlines in the cleaning log table. Furthermore, cleaning of the Kidney Assist machine is outlined in the e-learning videos of Organ Assist and was part of the Kidney Assist training session.

- TT is to sign in the arrival log table that the machine has been cleaned accordingly.

b.) Transport Log

A log table will be pinned to the wall in the transplant unit perfusion lab (door code CX834) where all equipment is kept. The log table will have rows to add the following information:

- ✓ Date of procedure
- ✓ Name of TT
- ✓ Departure time at the Churchill Hospital
- ✓ Destination / Recipient Centre
- ✓ Checklist of all equipment to be ticked before departure
- ✓ Signature on correctness of departure information
- ✓ Date and time of return to the Churchill Hospital
- ✓ Checklist to be ticked for return of all equipment
- ✓ Signature that machine has been cleaned and is ready for next usage
- ✓ Checklist on correct storage of samples
- ✓ Comment box to add information on the cab journey, difficulties faced or any other point of attention for the Trial Manager and COPE project office
- ✓ Signature on correctness of return information

c.) Timesheets & payments

Based on your departure and arrival information recorded in the transport log, the COPE project office will create monthly timesheets. You will be given copies of your timesheets to sign once per month. Your income will be paid monthly through the Nuffield Department of Surgical Sciences. Due to administrative reasons, your monthly income will be paid out with a month's delay. Hence, when you sign your timesheets for July, the July procedures will be part of your income payment in August.

If you forget to complete the log sheet please email the COPE administrator – margaux.laspeyres@nds.ox.ac.uk as soon as possible.

d.) Access

To access the Transplant Unit at any time of the day or night, you will be provided with a special card to swipe. The COPE project office will collect a 5£ deposit from you when handing out the access cards. The deposit will be returned to you when you hand back the card.

To access the upstairs lab rooms and particularly the minus 80 freezer, your NHS card provided to you at the beginning of your tasks, will be activated.

If you encounter any problems when accessing the Transplant Unit or the lab rooms upstairs, please email the COPE administrator – margaux.laspeyres@nds.ox.ac.uk

e.) Communication

The COPE project office will organise monthly meetings with the entire transplant technician team to allow you to raise any question or concern that you might have encountered when carrying out a procedure. These meetings will also be attended by the COPE administrator and members of the COPE clinical staff and representatives of the COPE sample collection team. If you have general questions, please take note of your questions in the return log table and they will be raised by the COPE administrator during the monthly meeting.

If you have an urgent question that cannot wait until the next monthly meeting, please contact the coordinating Transplant Technician first. If the coordinating Transplant Technician cannot answer your question, please contact the COPE project office or Trial Manager.

8. Troubleshooting

a. TT cannot get into theatre. Doors are locked and cannot get through to anyone.
   ➔ TT to call the recipient centre's numbers provided in the table.

b. Database is not working
   ➔ TT is to try online a well as offline version. If neither version is working, TT is to use the paper back-up CRF provided in the WP4 logistics manual. A word copy of the paper CRF is also saved on the laptop desktop if the paper printout was forgotten.

c. TT notices that wrong samples are collected (e.g. wrong time points of collection or wrong tube used)
   ➔ The mistake is to be noted in the database. Also, on return this has to be recorded in the "problems / comments" section of the log table.

d. Centrifuge is not working
   ➔ TT to ask a nurse in transplant theater if an on-site centrifuge can be used. If this is not possible, samples cannot be centrifuged at this moment. The centrifugation has to be done on return at the Churchill Hopsital using a different centrifuge from the perfusion lab room. This has to be recoreded in the database and on the log tables.

e. Laptop crashes / is not working
   ➔ TT is to ask a nurse in the transplant theater if an on-site PC can be used to record the data in the database. If this is not possible, the paper CRF has to be used and this needs to be recorded in the log tables. On return at the Churchill,

the broken laptop has to be labelled with a hand-written note so that the COPE project office can identify it in the morning.

f. Patient withdrew consent
   ➔ If the patient withdrew consent before any samples were taken, then only data can be collected, however, no samples can be taken. If patient withdrew consent after the samples were taken, the samples will be kept. However, no follow-up data will be recorded after consent withdrawal.

g. Recipient centre surgeon decides that the organ is not transplantable
   ➔ The procedure is stopped and no further trial activity can take place. This needs to be recorded in the database and log table upon return.

h. Anaesthetist refuses to take blood samples from recipient
   ➔ TT is to mention the ethics approval reference number and the fact that the recipient has consented to sample collection in the study. If samples are not collected, TT is to report this back to the project office ideally with the name of the anaesthetist for follow-up.

i. Transplant surgeon refuses to biopsy the kidney
   ➔ TT has to record that the surgeon was not willing or able to take the biopsy in the database as well as on the log table upon return. All other samples have to be taken regardless of the biopsy.

j. Transplant is delayed due to lack of available emergency theatre time.
   ➔ TT is to wait for the procedure to start. If it can be estimated that the wait will be of 5 hours or more, the TT can liaise with the next person in the rota to send a replacement out.

k. Transport is delayed when the TT is travelling to the recipient centre (e.g. traffic)
   ➔ The TT is to communicate his/her delay as early as possible to the recipient centre and discuss expected arrival time. If it becomes apparent that the procedure will be missed and that the recipient centre cannot delay further, TT is to continue to the recipient centre to pick up the Kidney Assist machine after the end of the procedure. This has to be recoreded in the log tables and database.

9. Contacts

a.) Recipient Centres

Please check the table below (page 21-22) for each recipient centre's individualized contact details.

b.) TT team

Please check the online rota document whith the last sheet listing all TT cell phone numbers.

c.) COPE office

You can reach the COPE office through 01865 226100 or margaux.laspeyres@nds.ox.ac.uk

	COPE local clinical lead	Recipient Centre Switchboards	Directions	Floormap / plan for theatres	Perferred mode of contact between TT and recipient team
Cambridge	Kourosh Saeb	Main Switchboard: 01223 245151	Main building, 3rd floor (through main entrace). Turn right from when exiting the lifts.	See Fig. A.	Ask for Transplant Coordinator via Switchboard. TT is to ensure that he/she leaves his/her cell phone number with the Transplant Coordinator so that the surgeon has a number to call in case of important information to be shared or questions on the Kidney Assist machine.
Cardiff	Laszlo Szabo	Main Switchboard: 029 2074 7747	Theatres are located on the 3rd floor B block, next to the elevators. Usually Th5 is used for transplantation.	See Fig. B.	In the beginning best to call Laszlo directly on 07712149997. If he cannot be reached, call the on-call registrar or surgeon through the main switchboard.
Coventry	Habib Kashi	Main Switchboard: 024 7696 4000	Theatres are on the 1st floor, next to the intensive care. There are signs pointing to intensive care in the corridor on the 1st floor Hospital reception and theatre desks are always manned. .	See Fig. C.	Ask for Transplant Coordinator via Switchboard.
Nottingham	Keith Rigg	Main Switchboard: 0115 969 1169	Enter via North entrance, turn right. Theatres are located 400-500 yards from the North entrance.	See Fig D.	Transplant coordinator via switchboard
London Guy's	Martin Drage	Main Switchboard: 020 7188 7188	-	See Fig. E.	(Not yet part of trial as not yet started the R&D approval process)
London Royal	Mr. Rajesh Sivaprakasam MobileTel: 07968185510	Main Switchboard: 020 7377 7000	(no directions given by local team, reconfirm directions when calling about the estimated procedure time)	See Fig. F.	Call Mr Sivaprakasam on 07968185510. He will make all necessary arrangements and consent recipient patients. Once that the proyect is more stablish and other surgeons are familiar with the study, Mr Sivaprakasam will let us know who needs to be contacted
London Royal	Mr Neal Banga	Main	Theatres are on the 3rd floor in	See Fig.	During daylight hours (08.00-17.00) TT needs to

Free	MobileTel: 07903841994	Switchboard: 020 7794 0500	the main hospital, close to the main lift area.	G.	report to reception to be taken into theatre. Out of hours (17.00-08.00) bleep “71-1581” using the phone outside theatres to gain entry via the nurse-in-charge.
London WLRTC, Hammersmith	Vassilios Papalois	Main Switchboard: 020 3313 1000	Go to the Renal building (F-Block), get the lift or stairs to the 2nd floor and then use the link/ corridor to theatres	See Fig. H.	Call Vassilios directly on 07947316904 for the time being as he wants to be main contact in the beginning of the trial. If he is unavailable, call switchboard and ask them to bleep the on-call Transplant Coordinator on 9979.
Oxford	Miss Isabel Quiroga Mobile Tel: 07764579239	Main Switchboard: 01865 741841	Emergency Theatre is theatre 9 on level 1. Enter via Main Hospital entrance, walk up the stairs in front of you or the lift (to the left of the stairs). If taking the stairs double back on yourself following the banister and the entrance to theatres is on the left. ID badge for medical students should open the doors. The intercom should be answered 24/7. If taking the lift turn right onto corridor (should see the stairs on the left).	See Fig. I.	TT needs to contact switchboard. During daylight hours (08.00-17.00) ask to bleep the transplant registrar on 5197 Out of hours (17.00-08.00) ask to speak with the transplant registrar (TR) on-call on their mobile phone. Ask the TR for the estimated time of transplant. TR will contact TT when he/she asks the theatre staff to send for the patient to start the operation.
Portsmouth	Mr Keith Graetz Mobile Tel: 07939508417	Main Switchboard: 02392 286000	No directions given yet by local team. Re-confirm theatre location when calling them about the timing of the procedure.	See Fig. J.	Contact transplant coordinator via switchboard.

Figure A. Cambridge

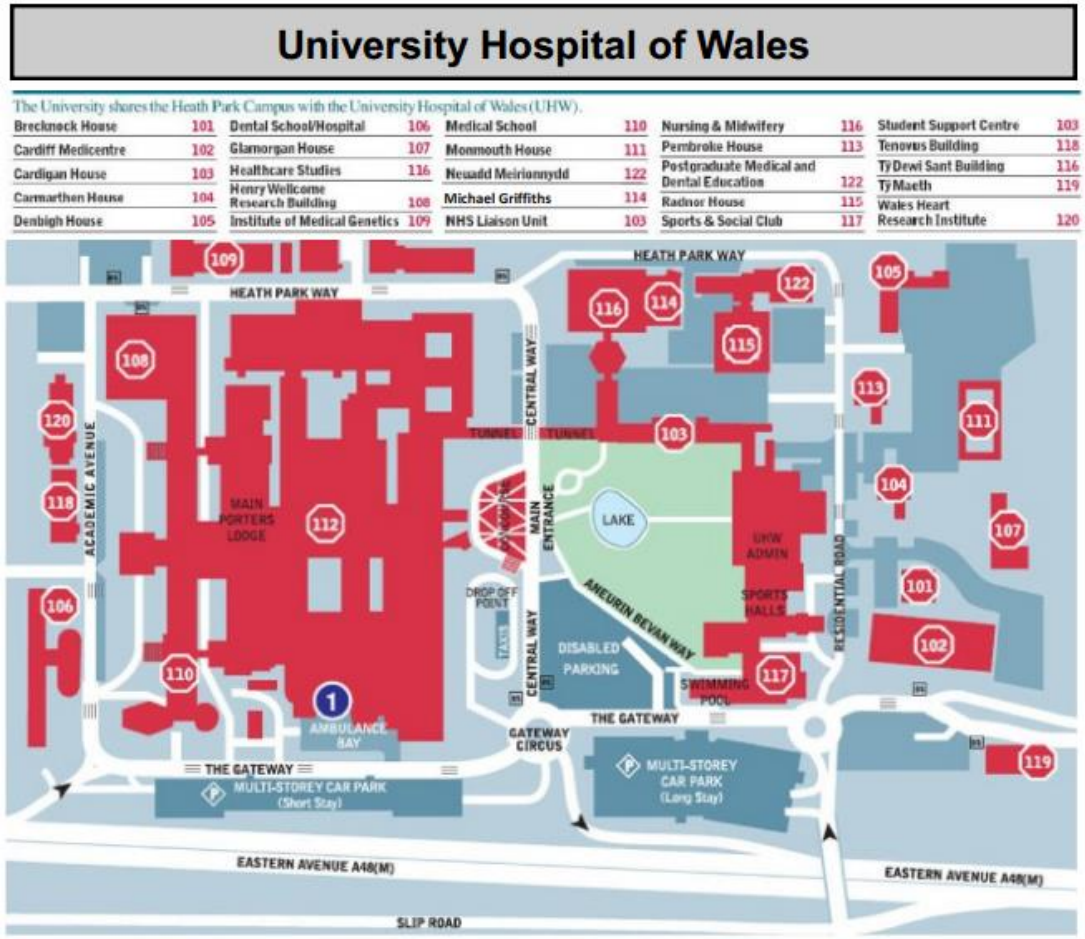
Direction to theatre:

Theatres are on the 3rd floor in the main building (main entrance). Once out of the lift, turn right.

Figure B. Cardiff

DIRECTIONS:

Theatres are located on the 3rd floor B block, next to the elevators.
Usually Theatre 5 is used for transplantation.



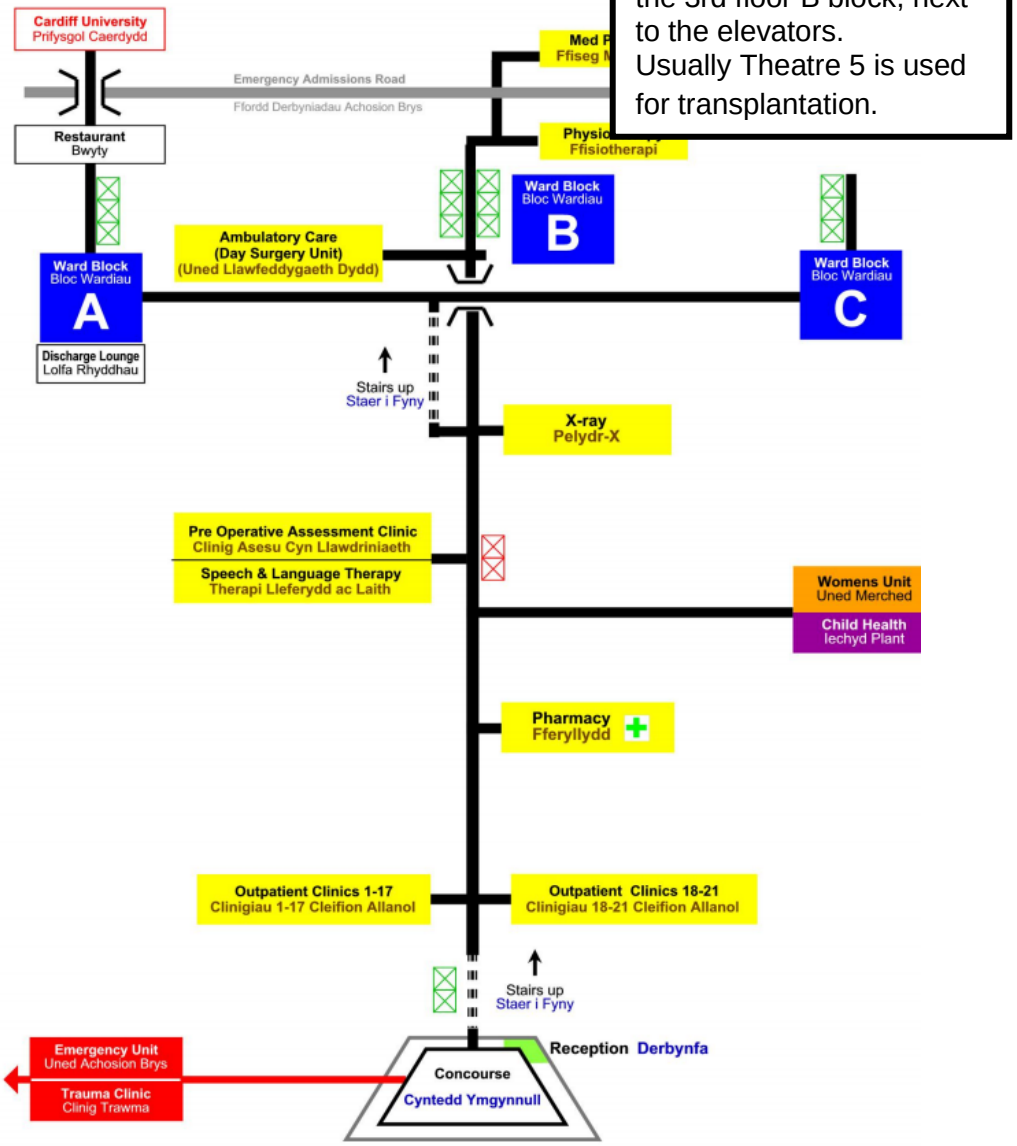
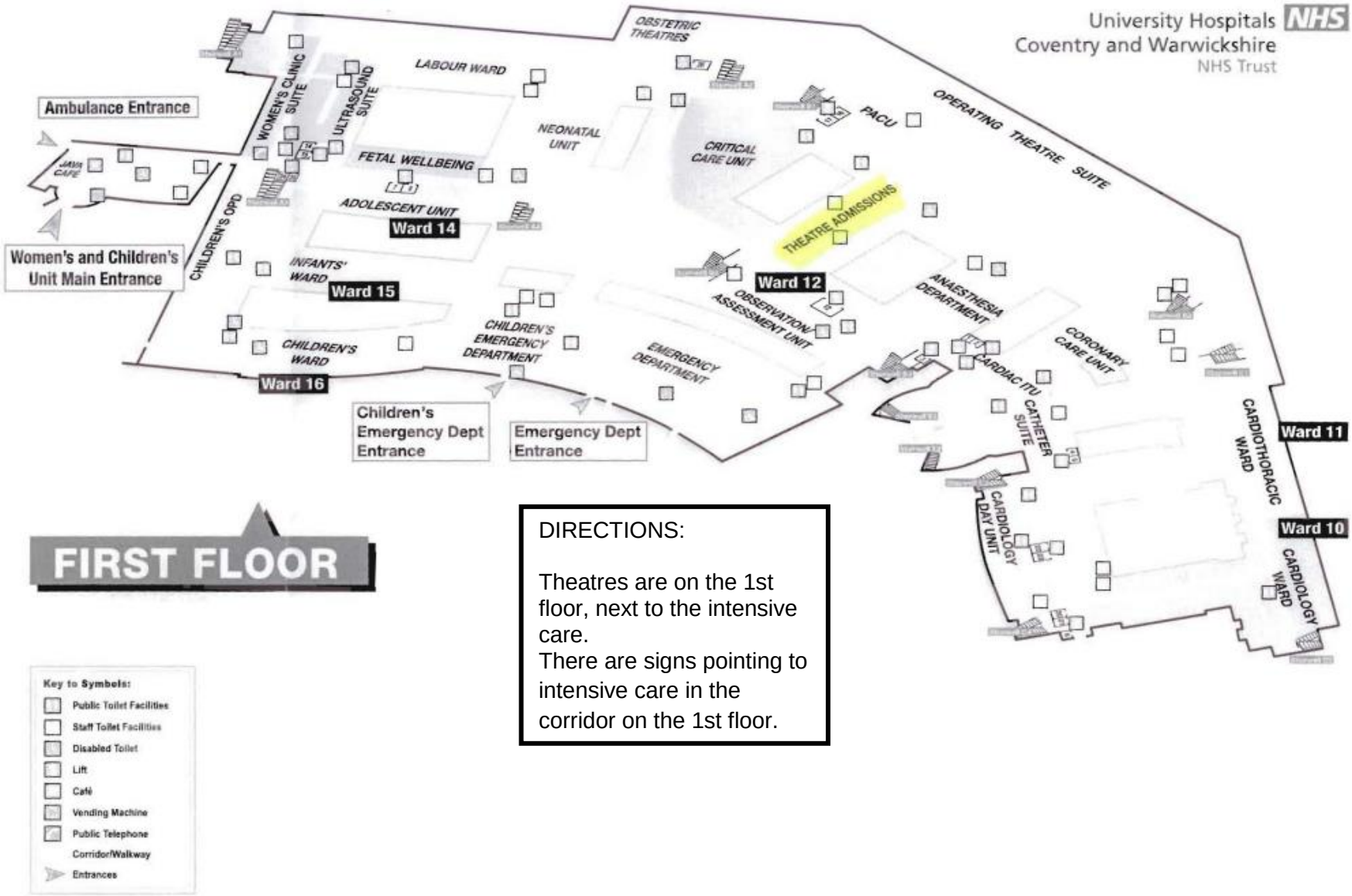


Figure C. Coventry (also see next page)



DIRECTIONS:

Theatres are on the 1st floor, next to the intensive care.
There are signs pointing to intensive care in the corridor on the 1st floor.

Figure D. Nottingham

DIRECTIONS:

Enter via North entrance, turn right. Theatres are located 400-500 yards from the North entrance.

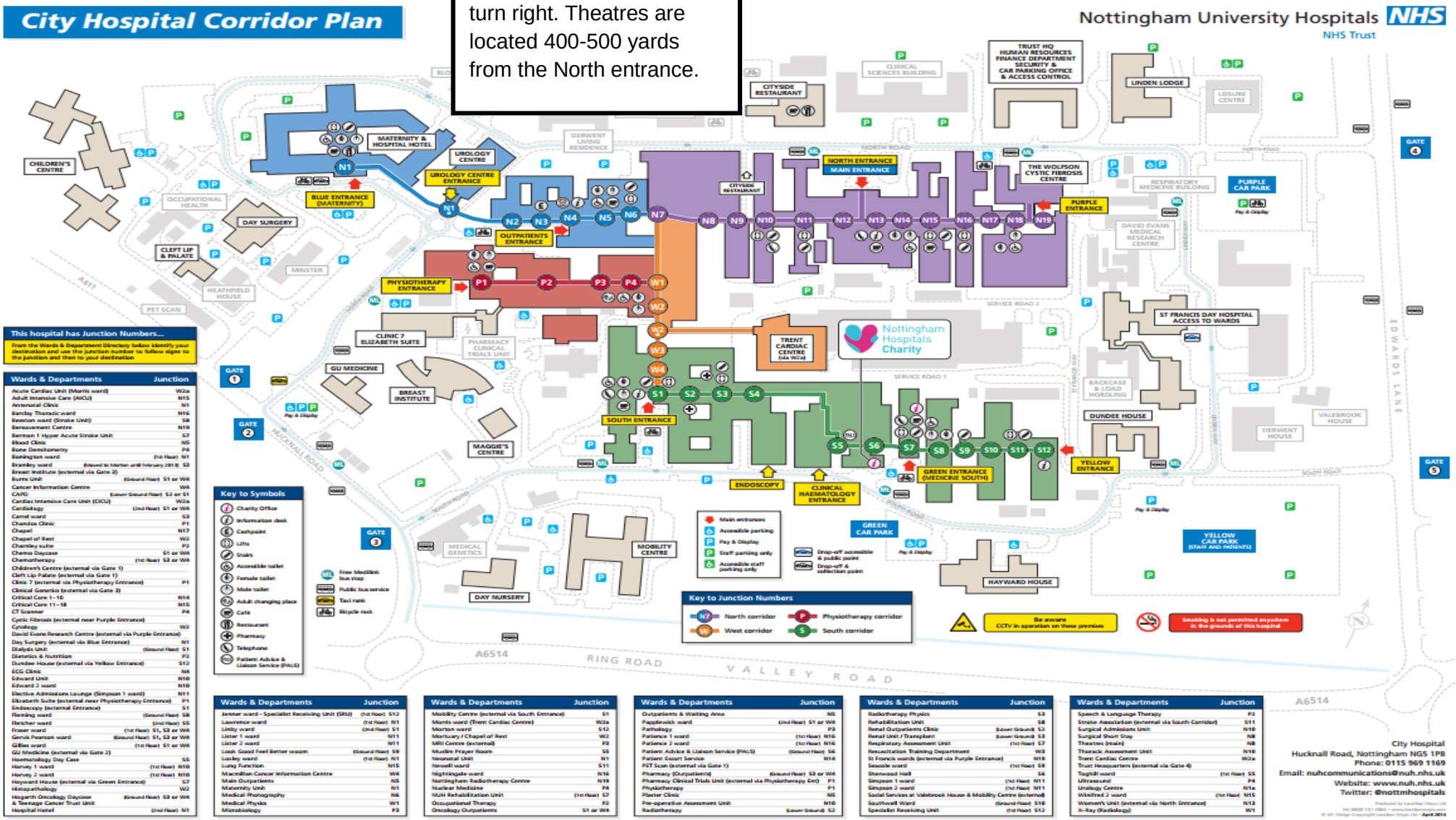
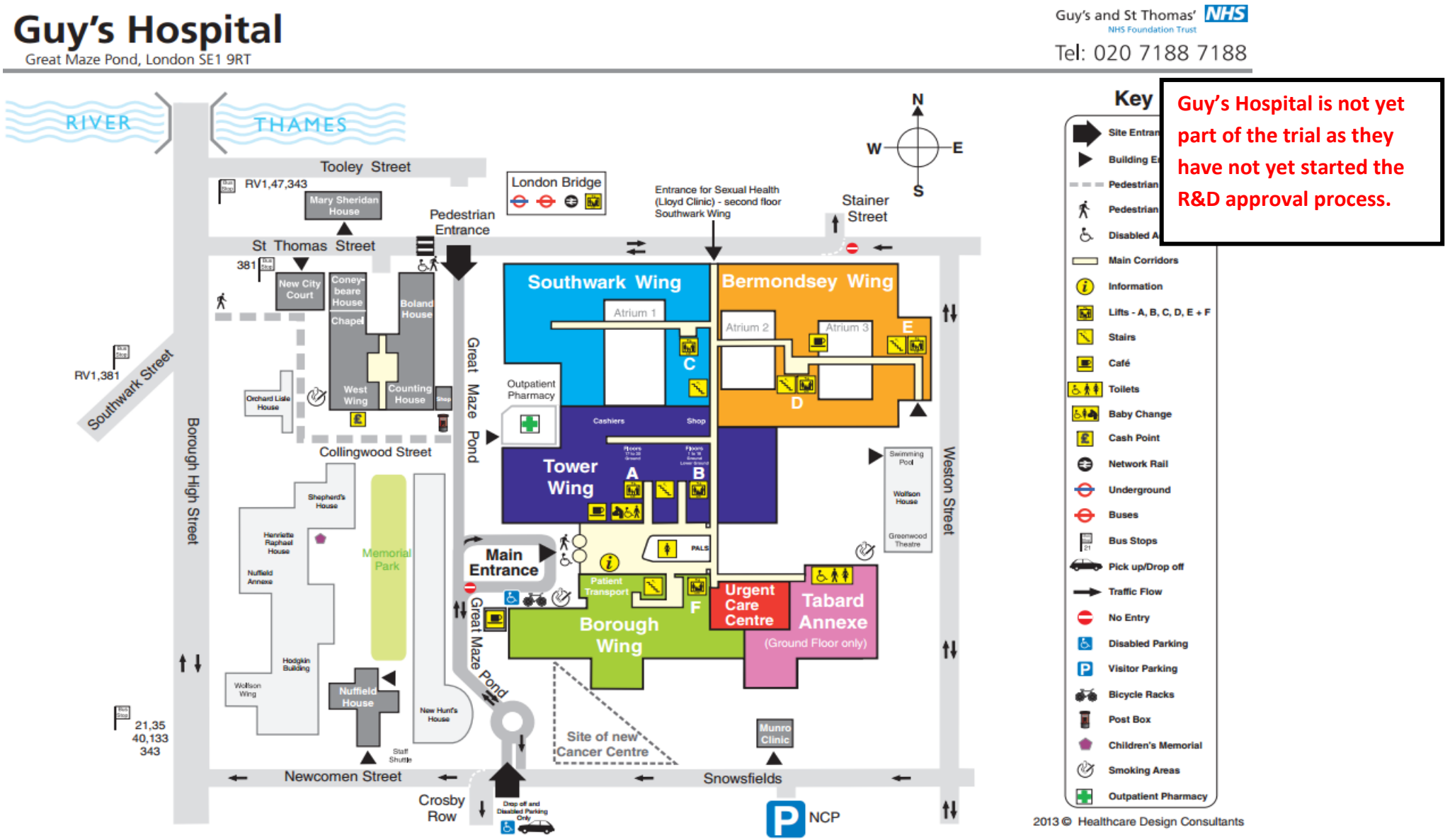


Figure E. London Guy's



Guy's Hospital is not yet part of the trial as they have not yet started the R&D approval process.

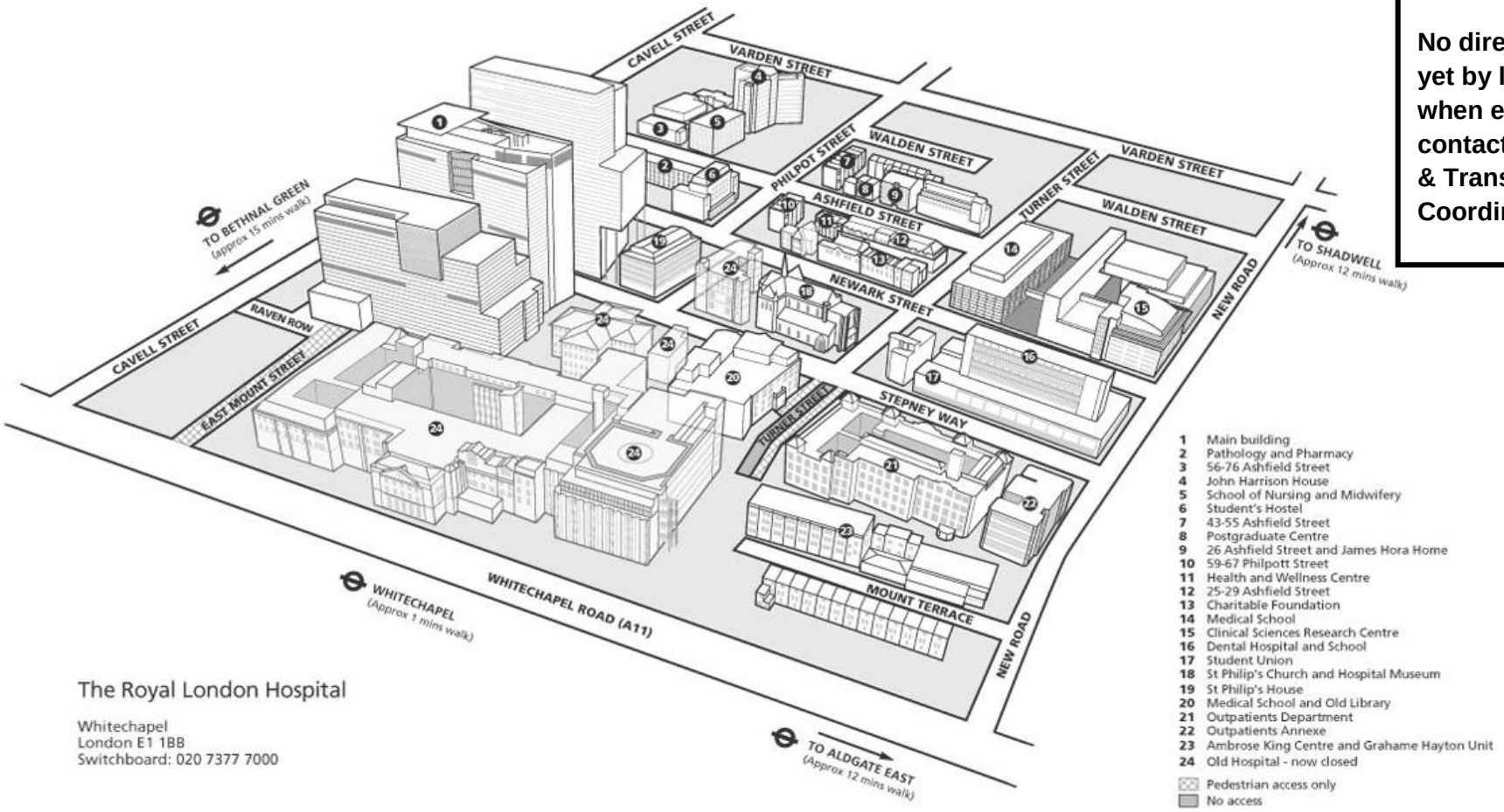
Figure F. Royal London

The Royal London Hospital

Barts Health NHS
NHS Trust

Directions:

No directions provided yet by local team. Ask when establishing contact with the local PI & Transplant Coordinator



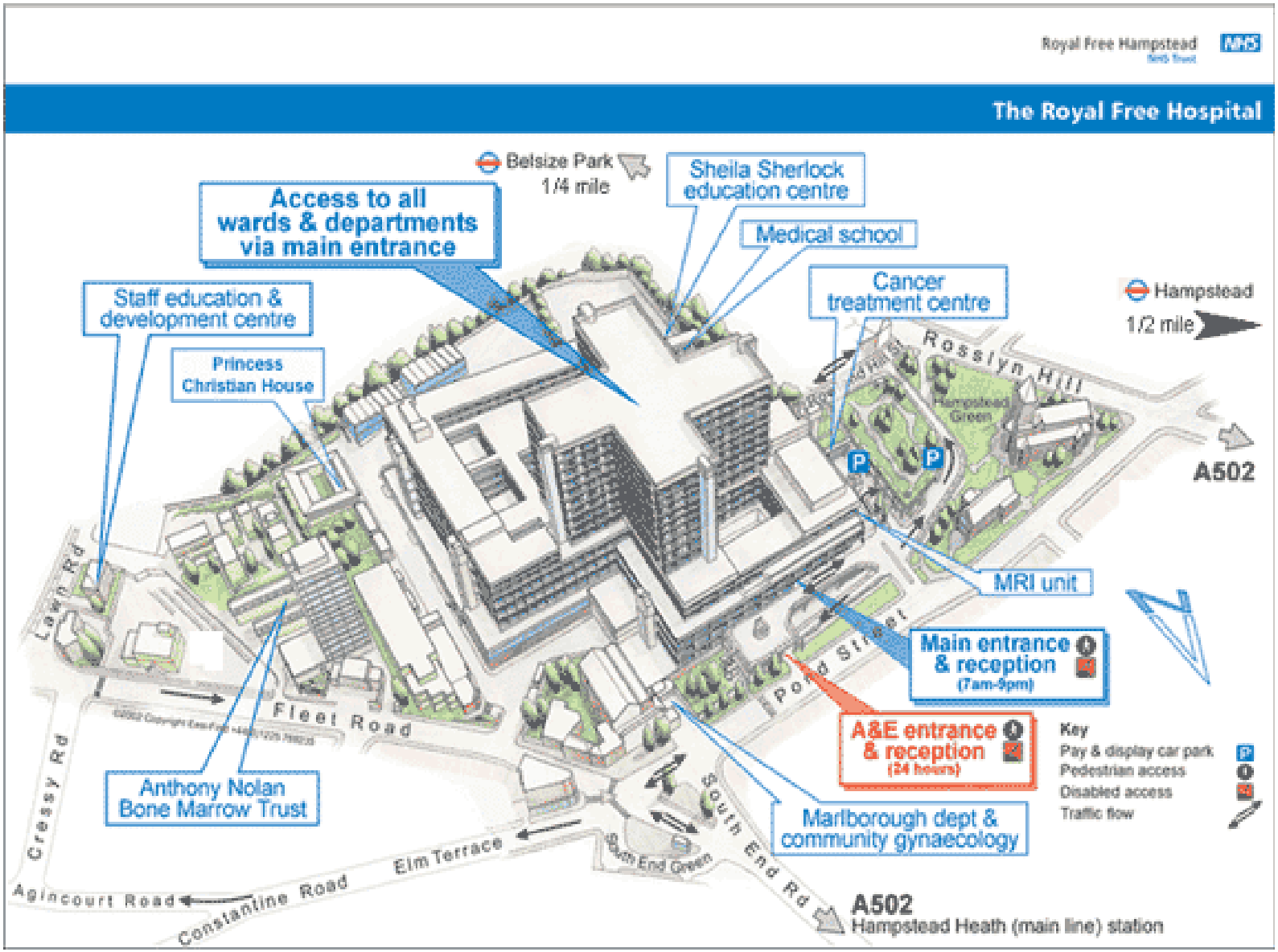
1 Main building
2 Pathology and Pharmacy
3 56-76 Ashfield Street
4 John Harrison House
5 School of Nursing and Midwifery
6 Student's Hostel
7 43-55 Ashfield Street
8 Postgraduate Centre
9 26 Ashfield Street and James Hora Home
10 59-67 Philpott Street
11 Health and Wellness Centre
12 25-29 Ashfield Street
13 Charitable Foundation
14 Medical School
15 Clinical Sciences Research Centre
16 Dental Hospital and School
17 Student Union
18 St Philip's Church and Hospital Museum
19 St Philip's House
20 Medical School and Old Library
21 Outpatients Department
22 Outpatients Annexe
23 Ambrose King Centre and Grahame Hayton Unit
24 Old Hospital - now closed

Pedestrian access only
No access

The Royal London Hospital

Whitechapel
London E1 1BB
Switchboard: 020 7377 7000

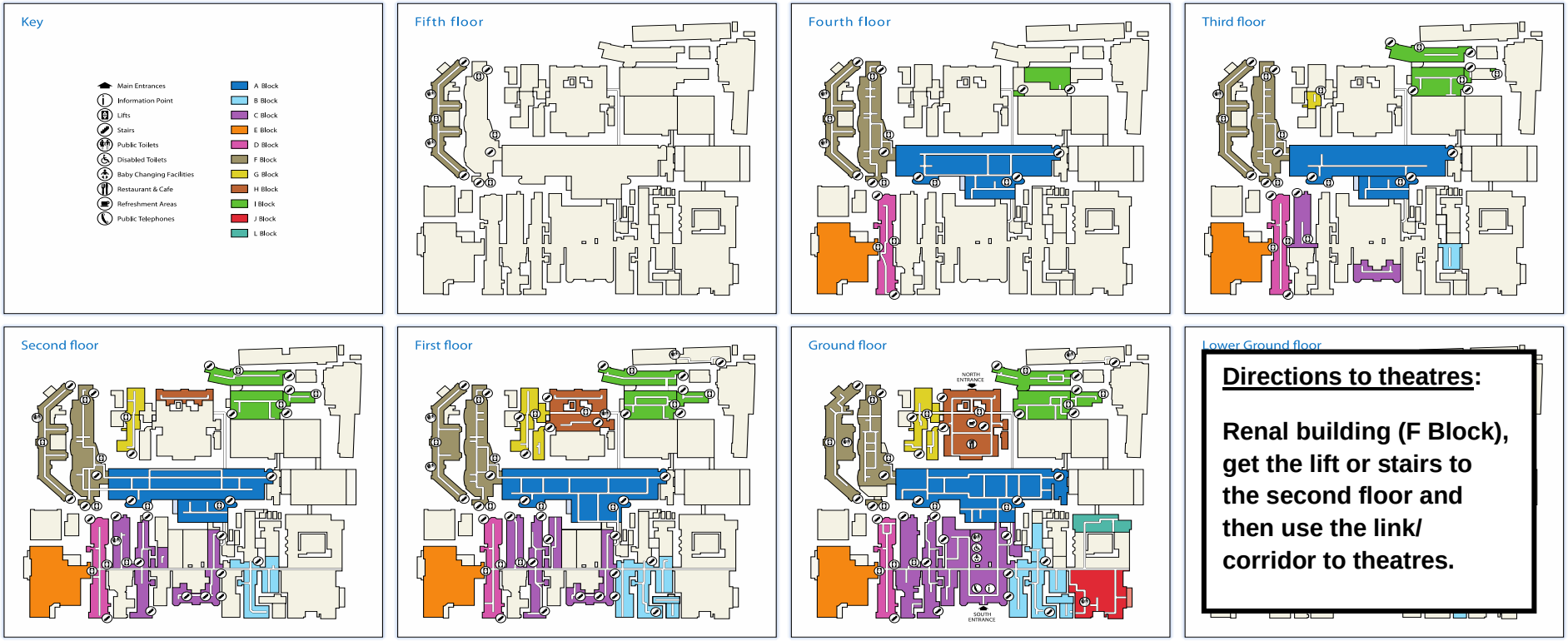
Figure G. London Royal Free



DIRECTIONS

Theatres are on the 3rd floor in the main hospital, close to the main lift area.

Figure H. London WLRTC



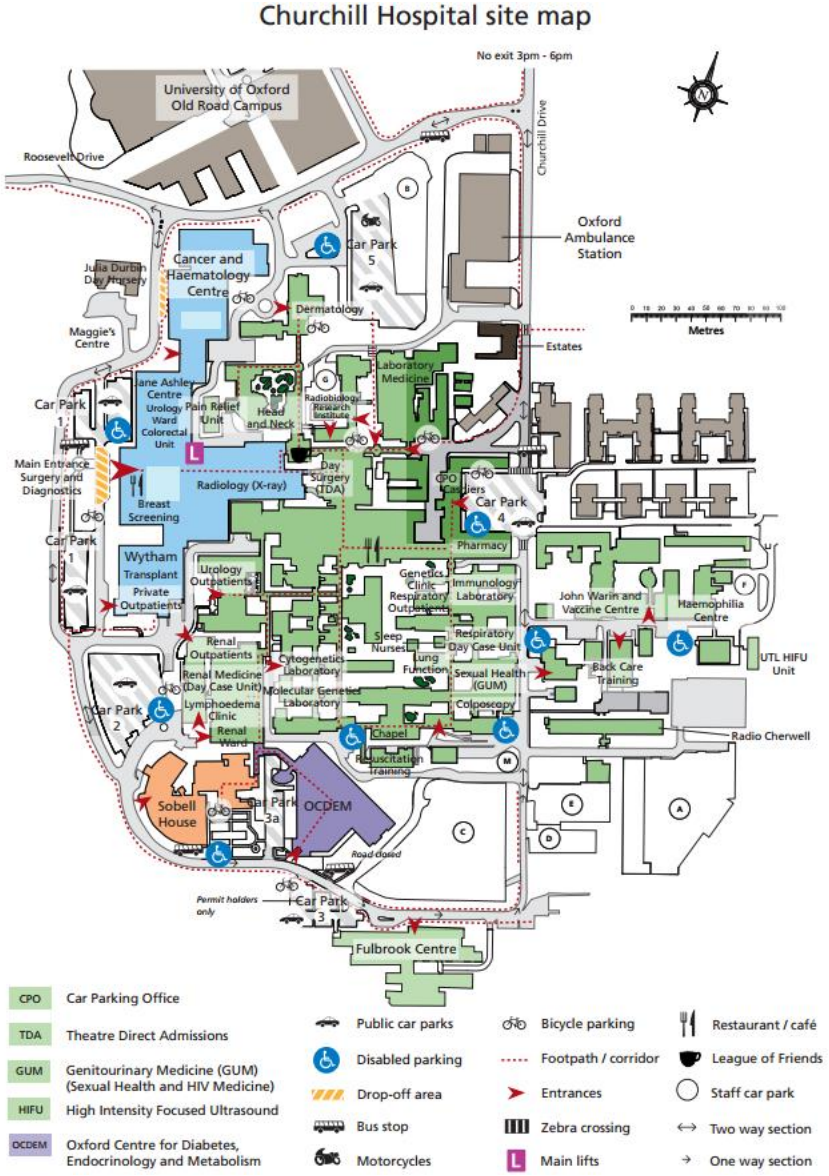
DEPARTMENT / WARD	FLOOR / BUILDING
Ante Natal Clinic	Grd Floor QCCH
Birth Centre	2nd Floor D Block Southside
Cancer Centre	Grd Floor Garry Weston Centre
Cardiac Day Ward	1st Floor A Block
Childrens Ambulatory	Grd Floor D Block Southside
Childrens OPD	Grd Floor D Block Northside
Christopher Booth Ward	4th Floor Renal Building
Dacie Ward	1st Floor Catherine Lewis Centre
Delivery Suite	3rd Floor QCCH
De Wardener Ward	2nd Floor Renal Building
Early Pregnancy Assessment	2nd Floor QCCH
E.C.G.	1st Floor A Block
Edith Dare Ward	2nd Floor QCCH
Emergency Unit	Grd Floor J Block
Endoscopy	1st Floor A Block

DEPARTMENT / WARD	FLOOR / BUILDING
Foetal Care	2nd Floor QCCH
Fraser Gamble Ward	3rd Floor Renal Building
Gynaecology OPD	Grd Floor QCCH
Haematology OPD	Grd Floor Catherine Lewis Centre
Handfield Jones Ward	1st Floor Renal Building
ICU	2nd Floor Renal Building
Imaging HH	1st Floor A Block
John Humphrey Ward	4th Floor Renal Building
Kerr Ward	3rd Floor Renal Building
Neonatal	4th Floor QCCH
PALS	Grd Floor C Block Southside

DEPARTMENT / WARD	FLOOR / BUILDING
Peters Ward	1st Floor Renal Building
Parent Craft	Grd Floor QCCH
Renal Dialysis (OPD)	4th Floor D Block
Sir John McMichael Centre	1st Floor C Block Northside
Stanley Clayton	1st Floor QCCH
Ultrasound	Grd Floor QCCH
Victor Bonney East	2nd Floor D Block Southside
Victor Bonney West	2nd Floor QCCH
Ward A6	2nd Floor A Block
Ward A6a	2nd Floor A Block
Ward A7	4th Floor A Block
Ward A8	4th Floor A Block
Ward A9	4th Floor A Block

DEPARTMENT / WARD	FLOOR / BUILDING
Ward B1	Grd Floor B Block Southside
Ward B2	Grd Floor B Block Northside
Ward C2	Grd Floor C Block Northside
Ward C4	1st Floor C Block Northside
Ward C8	1st Floor C Block Northside
Ward D4	1st Floor D Block Northside
Ward D6	2nd Floor D Block Northside
Ward D7	3rd Floor D Block Southside
Ward D8	3rd Floor D Block Northside
Ward D9	4th Floor D Block Southside
Weston Ward	3rd Floor Gary Weston Centre
Wolfson Family Centre	Grd Floor C Block Southside

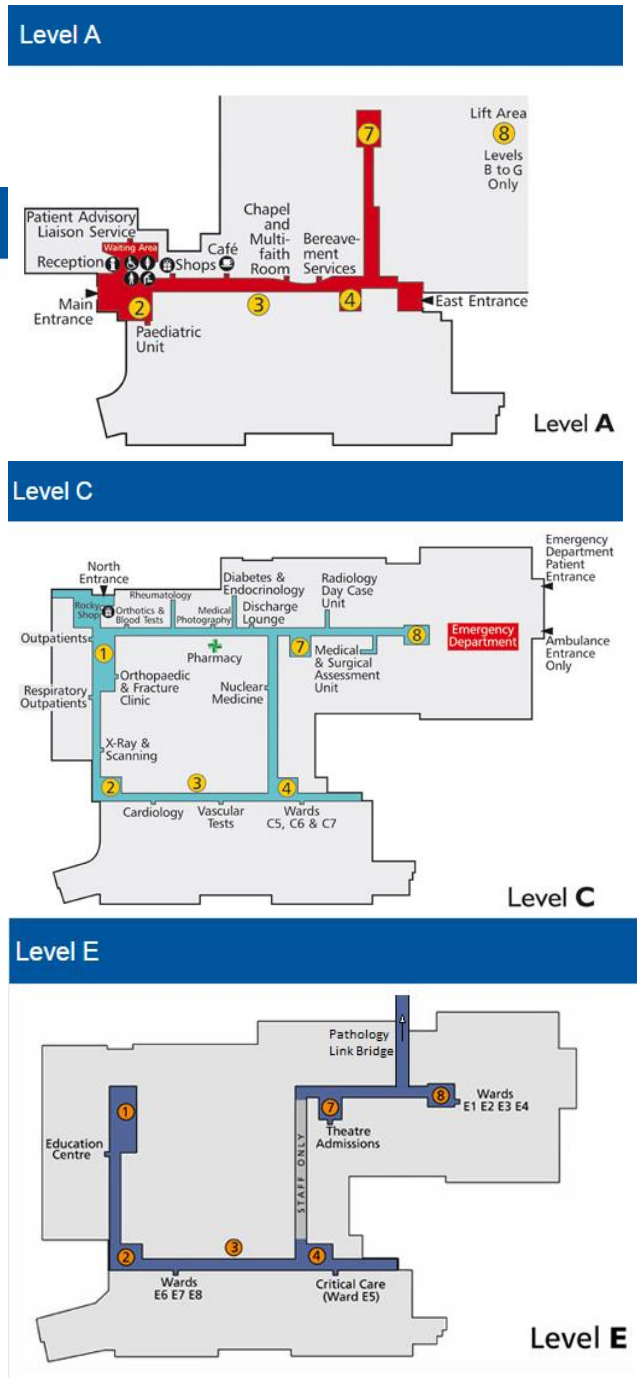
Figure I. Oxford



DIRECTIONS:

Emergency Theatre is theatre 9 on level 1. Enter via Main Hospital entrance, walk up the stairs in front of you or the lift (to the left of the stairs).
If taking the stairs double back on yourself following the banister and the entrance to theatres is on the left.
ID badge for medical students should open the doors. The intercom should be answered 24/7.
If taking the lift turn right onto corridor (should see the stairs on the left).

Figure J. Portsmouth



Directions not yet received from local team. Re-confirm where theatres are when calling the transplant coordinator

10. Checklists

a.) Checklist of MTOs in the donor procedure

Before leaving the Churchill Hospital for the donor procedure, MTO needs to confirm that he/she has the following things:

- ✓ 2 kidney Assist machines, their disposables, perfusion fluid & oxygen tanks (one full, one empty labelled accordingly in a system that only MTOs know)
- ✓ WP4 donor bag with tubes for perfusate collection
- ✓ Laptop for donor data entry
- ✓ COPE TT on-call phone number to inform them of recipient procedures
- ✓ Hand scanner
- ✓ WP4 database login details or paper CRF

b.) Checklist for TTs in the recipient procedure

Before leaving the Churchill Hospital for the recipient kidney procedure, TT needs to confirm that he/she has the following things:

- ✓ Royal Cars' phone number & the according COPE account code
- ✓ Charged mobile phone and pager
- ✓ Contact details for recipient transplant coordinator
- ✓ Details of donor, recipient and transplant centre
- ✓ COPE WP4 sample box
- ✓ Ice box filled with dry ice
- ✓ Centrifuge
- ✓ Laptop
- ✓ Hand scanner
- ✓ WP4 Database login details & paper CRF
- ✓ Filled in the departure information in the log table