# COPE-COMPARE: Procurement data

**Trial ID:** WP4 \_\_\_\_\_\_\_

Retrieval Team:

15 Churchill Hospital Oxford, United Kingdom

Donor ID: (ET n° or NHSBT n°)

Donor Age:

Donor Inclusion Criteria checked:

* DCD III > 50 years Yes No

Name of Transplant Technician:

Date and Time Phone Call Transplant Coordinator Received: \_\_\_/\_\_\_/\_\_\_\_\_\_ Time: \_\_\_:\_\_\_

Name Transplant Coordinator:

Telephone Number Transplant Coordinator:

Hospital of Retrieval:

Scheduled Time of Withdrawal Therapy: \_\_\_/\_\_\_/\_\_\_\_\_\_ Time: \_\_\_:\_\_\_

Arrival Time Technician at Hub: \_\_\_/\_\_\_/\_\_\_\_\_\_ Time: \_\_\_:\_\_\_

Ice Boxes filled with sufficient amount of Ice (for Kidney Assist): \_\_\_/\_\_\_/\_\_\_\_\_\_ Time: \_\_\_:\_\_\_

Departure from Hub: \_\_\_/\_\_\_/\_\_\_\_\_\_ Time: \_\_\_:\_\_\_

Arrival at Donor Hospital: \_\_\_/\_\_\_/\_\_\_\_\_\_ Time: \_\_\_:\_\_\_

## Donor Details:

Trial ID:

Date of Admission in Hospital: \_\_\_/\_\_\_/\_\_\_\_\_\_

Admitted to ITU: Yes No

If Yes, Date of Admission in ITU: \_\_\_/\_\_\_/\_\_\_\_\_\_

Date of procurement: \_\_\_/\_\_\_/\_\_\_\_\_\_

Gender: Female Male

Donor Weight (Kg):

Donor Height (cm):

Donor Ethnicity: Caucasian Black Other

Donor Blood Group: O A B AB

Other Organs procured:

* Lungs
* Pancreas
* Liver
* Tissue
* None

General Comments:

………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………

## Donor PreOp Data:

Donor Diagnosis:

* Trauma
* Cerebrovascular Accident
* Hypoxia
* Other: ……………………………………………………………………………………………………………………………………

Diabetes Mellitus: Yes No Unknown

Alcohol Abuse: Yes No Unknown

Cardiac Arrest (During ITU Stay prior to Retrieval Procedure): Yes No

Last Systolic Blood Pressure (Before Switch Off):

Last Diastolic Blood Pressure (Before Switch Off):

Diuresis last 24 Hrs (ml):

Diuresis last Hour (ml):

Dopamine: Yes No Unknown

Dobutamine: Yes No Unknown

(Nor)Adrenaline: Yes No Unknown

Vasopressine: Yes No Unknown

Other Medication Details:

………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………

General Comments:

………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………

## Donor Lab Results

Last Creatinine: mg/dl or µmol/L

Maximum Creatinine (during Admission): mg/dl or µmol/L

General Comments:

…………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………

## Donor Procedure:

Withdrawal of Life Support: \_\_\_/\_\_\_/\_\_\_\_\_\_ Time: \_\_\_:\_\_\_

Systolic Arterial Pressure < 50 mm Hg (inadequate organ perfusion):

\_\_\_/\_\_\_/\_\_\_\_\_\_ Time: \_\_\_:\_\_\_

End of Cardiac Output (= Start No Touch Period): \_\_\_/\_\_\_/\_\_\_\_\_\_ Time: \_\_\_:\_\_\_

Length of No Touch Period (minutes):

Diagnosis of Death: \_\_\_/\_\_\_/\_\_\_\_\_\_ Time: \_\_\_:\_\_\_

Start In-Situ Cold Perfusion: \_\_\_/\_\_\_/\_\_\_\_\_\_ Time: \_\_\_:\_\_\_

Systemic (aortic) Flush Solution Used:

* UW
* Marshall’s
* HTK
* Other: .............................................

Heparin: Yes No

(administered to donor/in flush solution)

General Comments:

…………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………

## Kidney Inspection:

|  |  |
| --- | --- |
| **Left Kidney** | **Right Kidney** |
| Number of Renal Arteries: | Number of Renal Arteries: |
| Renal Graft Damage:   * Arterial Damage * Venous Damage * Ureteral Damage * Parenchymal Damage * None | Renal Graft Damage:   * Arterial Damage * Venous Damage * Ureteral Damage * Parenchymal Damage * None |
| Washout Perfusion:   * Homogenous * Patchy * Blue * Unknown | Washout Perfusion:   * Homogenous * Patchy * Blue * Unknown |
| Kidney Removal:  \_\_\_/\_\_\_/\_\_\_\_\_\_ Time: \_\_\_:\_\_\_ | Kidney Removal:  \_\_\_/\_\_\_/\_\_\_\_\_\_ Time: \_\_\_:\_\_\_ |
| Transplantable: Yes No | Transplantable: Yes No |
| General Comments:  ……………………………………………………………………..  ……………………………………………………………………..  ……………………………………………………………………..  …………………………………………………………………….. | General Comments:  ……………………………………………………………………..  ……………………………………………………………………..  ……………………………………………………………………..  …………………………………………………………………….. |

## Randomisation:

Kidney Transplantable (Left): Yes No

Kidney Transplantable (Right): Yes No

Confirmation Donor meets eligibility Criteria for inclusion:

* DCD III > 50 years: Yes No
* Both Kidneys Deemed Transplantable by Procurement Surgeon: Yes No
* both kidneys are allocated to a different recipient: Yes No Unknown

**If one question is answered with No, Do NOT randomise the kidney pair!**

**(REMARK: If recipients are not known at this time point, please go ahead with randomization)**

Left Kidney Randomized to: HMP HMPO2

Right Kidney Randomized to: HMP HMPO2

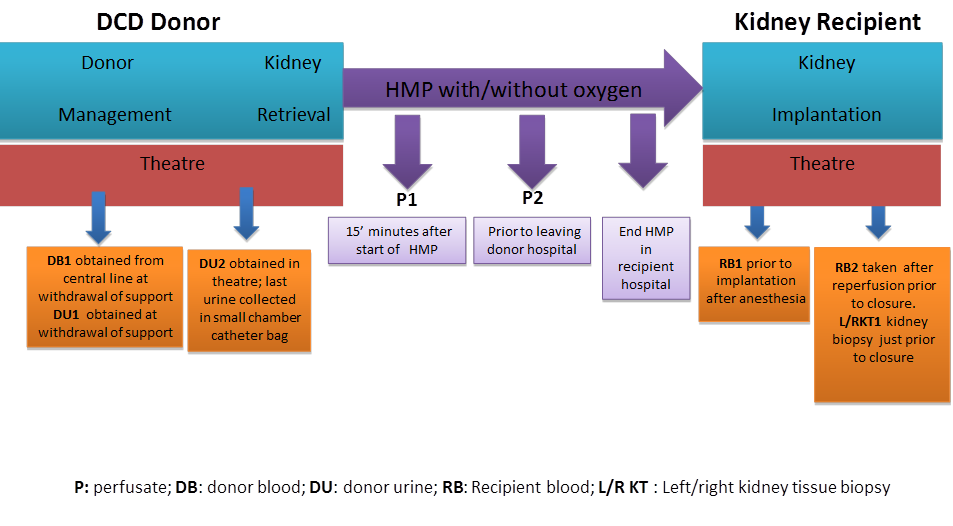
Trial ID Left Kidney: WP4 \_\_\_\_\_\_\_\_\_\_\_\_\_L

Trial ID Right Kidney: WP4 \_\_\_\_\_\_\_\_\_\_\_\_\_R

## Machine Perfusion:

|  |  |
| --- | --- |
| **Left Kidney** | **Right Kidney** |
| Machine Perfusion Possible: Yes No  If No, please provide details: ..………………………..  ……………………………………………………………………….  ……………………………………………………………………….  ………………………………………………………………………. | Machine Perfusion Possible: Yes No  If No, please provide details: ..………………………..  ……………………………………………………………………….  ……………………………………………………………………….  ………………………………………………………………………. |
| Start Machine Perfusion:  \_\_\_/\_\_\_/\_\_\_\_\_\_ Time: \_\_\_:\_\_\_ | Start Machine Perfusion:  \_\_\_/\_\_\_/\_\_\_\_\_\_ Time: \_\_\_:\_\_\_ |
| Used Patch Holder:   * Small * Large * Double Artery | Used Patch Holder:   * Small * Large * Double Artery |
| Artificial Patch Used: Yes No  If Yes, Please provide Details:   * Small * Large   Patch Number: 1 2 | Artificial Patch Used: Yes No  If Yes, Please provide Details:   * Small * Large   Patch Number: 1 2 |
| Is Oxygen Bottle Full: Yes No | Is Oxygen Bottle Full: Yes No |
| Oxygen Bottle Opened: Yes No | Oxygen Bottle Opened: Yes No |
| Oxygen Tank Changed: Yes No  If Yes, please provide Date and Time:  \_\_\_/\_\_\_/\_\_\_\_\_\_ Time: \_\_\_:\_\_\_ | Oxygen Tank Changed: Yes No  If Yes, please provide Date and Time:  \_\_\_/\_\_\_/\_\_\_\_\_\_ Time: \_\_\_:\_\_\_ |
| Ice Container Replenished: Yes No  If Yes, please provide Date and Time:  \_\_\_/\_\_\_/\_\_\_\_\_\_ Time: \_\_\_:\_\_\_ | Ice Container Replenished: Yes No  If Yes, please provide Date and Time:  \_\_\_/\_\_\_/\_\_\_\_\_\_ Time: \_\_\_:\_\_\_ |
| Logistically possible to measure pO2 perfusate (use blood gas analyser):  Yes No | Logistically possible to measure pO2 perfusate (use blood gas analyser):  Yes No |
| Value pO2: | Value pO2: |
| General Comments:  ……………………………………………………………………..  ……………………………………………………………………..  ……………………………………………………………………..  …………………………………………………………………….. | General Comments:  ……………………………………………………………………..  ……………………………………………………………………..  ……………………………………………………………………..  …………………………………………………………………….. |

## WP7 Sampling:



**P3**

Barcode COPE-box:

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Barcode** | **Time taken** | **Time centrifugation** |
| **DB 1.1 EDTA** |  | \_\_\_/\_\_\_/\_\_\_\_\_\_ Time: \_\_\_:\_\_\_ | \_\_\_/\_\_\_/\_\_\_\_\_\_ Time: \_\_\_:\_\_\_ |
| **DB 1.2 SST** |  | \_\_\_/\_\_\_/\_\_\_\_\_\_ Time: \_\_\_:\_\_\_ | \_\_\_/\_\_\_/\_\_\_\_\_\_ Time: \_\_\_:\_\_\_ |
| **DU 1** |  | \_\_\_/\_\_\_/\_\_\_\_\_\_ Time: \_\_\_:\_\_\_ | \_\_\_/\_\_\_/\_\_\_\_\_\_ Time: \_\_\_:\_\_\_ |
| **DU 2** |  | \_\_\_/\_\_\_/\_\_\_\_\_\_ Time: \_\_\_:\_\_\_ | \_\_\_/\_\_\_/\_\_\_\_\_\_ Time: \_\_\_:\_\_\_ |
| **Left Kidney** |  |  |  |
| **LK P1** |  | \_\_\_/\_\_\_/\_\_\_\_\_\_ Time: \_\_\_:\_\_\_ | \_\_\_/\_\_\_/\_\_\_\_\_\_ Time: \_\_\_:\_\_\_ |
| **LK P2** |  | \_\_\_/\_\_\_/\_\_\_\_\_\_ Time: \_\_\_:\_\_\_ | \_\_\_/\_\_\_/\_\_\_\_\_\_ Time: \_\_\_:\_\_\_ |
| **Right Kidney** |  |  |  |
| **RK P1** |  | \_\_\_/\_\_\_/\_\_\_\_\_\_ Time: \_\_\_:\_\_\_ | \_\_\_/\_\_\_/\_\_\_\_\_\_ Time: \_\_\_:\_\_\_ |
| **RK P2** |  | \_\_\_/\_\_\_/\_\_\_\_\_\_ Time: \_\_\_:\_\_\_ | \_\_\_/\_\_\_/\_\_\_\_\_\_ Time: \_\_\_:\_\_\_ |

General Comments:

…………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………

…………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………

## Device Accountability:

### **Left Kidney:**

|  |  |  |
| --- | --- | --- |
| **Date Donor Procedure** |  | |
| **Trial ID** |  | |
| **DEVICE COMPONENTS** | | |
| **DEVICE** | **Lot number** | **Expiry Date** |
| Kidney Assist | Ref. n°  Serial n° |  |
| Disposables |  |  |
| Extra cannula small (3 mm) |  |  |
| Extra cannula large (5 mm) |  |  |
| Extra patch holder small |  |  |
| Extra patch holder large |  |  |
| Extra Double cannula set (incl, Kidney holder) |  |  |
| **PERFUSION SOLUTION** | | |
| **Perfusate solution** |  |  |

### **Right Kidney:**

|  |  |  |
| --- | --- | --- |
| **Date Donor Procedure** |  | |
| **Trial ID** |  | |
| **DEVICE COMPONENTS** | | |
| **DEVICE** | **Lot number** | **Expiry Date** |
| Kidney Assist | Ref. n°  Serial n° |  |
| Disposables |  |  |
| Extra cannula small (3 mm) |  |  |
| Extra cannula large (5 mm) |  |  |
| Extra patch holder small |  |  |
| Extra patch holder large |  |  |
| Extra Double cannula set (incl, Kidney holder) |  |  |
| **PERFUSION SOLUTION** | | |
| **Perfusate solution** |  |  |