

International ISLET TRANSPLANT REGISTRY

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ADULT ISLET ALLOGRAFT DONOR FORM

— INSTITUTION AND RECIPIENT IDENTIFICATION

Institution #	Institution	Case #	Local Code	Date of Tx
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/> MM / DD / Year

— DONOR DATA

Refer to Donor #	1				
Age (yrs)					
Sex	<input type="checkbox"/> male <input type="checkbox"/> female	<input type="checkbox"/> male <input type="checkbox"/> female	<input type="checkbox"/> male <input type="checkbox"/> female	<input type="checkbox"/> male <input type="checkbox"/> female	<input type="checkbox"/> male <input type="checkbox"/> female
AB0	<input type="checkbox"/> 0 <input type="checkbox"/> B <input type="checkbox"/> A <input type="checkbox"/> AB	<input type="checkbox"/> 0 <input type="checkbox"/> B <input type="checkbox"/> A <input type="checkbox"/> AB	<input type="checkbox"/> 0 <input type="checkbox"/> B <input type="checkbox"/> A <input type="checkbox"/> AB	<input type="checkbox"/> 0 <input type="checkbox"/> B <input type="checkbox"/> A <input type="checkbox"/> AB	<input type="checkbox"/> 0 <input type="checkbox"/> B <input type="checkbox"/> A <input type="checkbox"/> AB
HLA A					
B					
DR					
DQ					
Crossmatch	<input type="checkbox"/> pos. <input type="checkbox"/> ND <input type="checkbox"/> neg.	<input type="checkbox"/> pos. <input type="checkbox"/> ND <input type="checkbox"/> neg.	<input type="checkbox"/> pos. <input type="checkbox"/> ND <input type="checkbox"/> neg.	<input type="checkbox"/> pos. <input type="checkbox"/> ND <input type="checkbox"/> neg.	<input type="checkbox"/> pos. <input type="checkbox"/> ND <input type="checkbox"/> neg.
CMV	<input type="checkbox"/> pos. <input type="checkbox"/> ND <input type="checkbox"/> neg.	<input type="checkbox"/> pos. <input type="checkbox"/> ND <input type="checkbox"/> neg.	<input type="checkbox"/> pos. <input type="checkbox"/> ND <input type="checkbox"/> neg.	<input type="checkbox"/> pos. <input type="checkbox"/> ND <input type="checkbox"/> neg.	<input type="checkbox"/> pos. <input type="checkbox"/> ND <input type="checkbox"/> neg.

— Pancreas Procurement and Preservation

Cold Perfusion	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Cold Perfusion- / Storage-Solution					
Intraduct. Collag. Pre Cold Storage	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Distension Solution					
Cold Isch. Time, min					

— Islet Graft Preparation

Pretreatment	<input type="checkbox"/> Fresh <input type="checkbox"/> Culture <input type="checkbox"/> Cryo	<input type="checkbox"/> Fresh <input type="checkbox"/> Culture <input type="checkbox"/> Cryo	<input type="checkbox"/> Fresh <input type="checkbox"/> Culture <input type="checkbox"/> Cryo	<input type="checkbox"/> Fresh <input type="checkbox"/> Culture <input type="checkbox"/> Cryo	<input type="checkbox"/> Fresh <input type="checkbox"/> Culture <input type="checkbox"/> Cryo
If Cultured: Days					
Temp (°C)					
O2 (%)					
Islet Number					
Islet Equival., IEQ					
Islet Purity (%)					
Time of IEQ Count	<input type="checkbox"/> pre cult/cryo <input type="checkbox"/> pre tx	<input type="checkbox"/> pre cult/cryo <input type="checkbox"/> pre tx	<input type="checkbox"/> pre cult/cryo <input type="checkbox"/> pre tx	<input type="checkbox"/> pre cult/cryo <input type="checkbox"/> pre tx	<input type="checkbox"/> pre cult/cryo <input type="checkbox"/> pre tx

— Pre Transplant Islet Viability Tests

Test Methods					
Test Results					

— COMMENTS ON TRANSPLANT DATA

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<input type="text"/>
