

**International
ISLET TRANSPLANT REGISTRY**

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ISLET AUTOGRAFT PROCUREMENT FORM

— Institution and Recipient Identification

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

— Pancreatectomy

| | |
|---|--|
| Indication for Pancreatectomy | Type of Pancreatectomy |
| <input type="checkbox"/> Chronic Pancreatitis <input type="checkbox"/> Others <input type="text"/> | <input type="radio"/> Total <input type="radio"/> Near Total ≥ 95% <input type="radio"/> Partial < 95% |

— Autograft Data

| | | | |
|-------------------------------------|--|--------------------------|---|
| Weight of Processed Pancreas | <input type="text"/> g | Total Tissue Volume Tx'd | <input type="text"/> ml |
| Cold Perfusion | <input type="checkbox"/> Yes <input type="checkbox"/> No | Islet Purification | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Cold Perfusion- / Storage-Solution | <input type="text"/> | Islet Purity (%) | <input type="text"/> |
| Intraduct. Collag. Pre Cold Storage | <input type="checkbox"/> Yes <input type="checkbox"/> No | Number of Islets | <input type="text"/> |
| Distension Solution | <input type="text"/> | Islet Equival., IEQ | <input type="text"/> |
| Cold Ischemia Time | <input type="text"/> min | Time of IEQ Count | <input type="checkbox"/> Pre-Cult. <input type="checkbox"/> Pre-Tx |
| | | Pretreatment | <input type="checkbox"/> Culture <input type="checkbox"/> <input type="text"/> |
| | | If Cultured: Days | <input type="text"/> |
| | | Temp (°C) | <input type="text"/> |
| | | O ₂ (%) | <input type="text"/> |

— Pre-Implantation Assessment of Islet Function

| | |
|----------------------|----------------------|
| Test Methods | Test Results |
| <input type="text"/> | <input type="text"/> |

— Site of Implantation

Liver
 Spleen
 Kidney Capsule
 Intraperit. Cavity
 Subcutaneous
 Intramuscular
 Epiploic Flap
 Others see Comments

Portal Pressure

mmHg cmH₂O
 Pre-Tx Post-Tx

— Perioperative Care

| | | |
|--|---------------------------------|----------------------|
| Medication given | from Day to Day relative to ITx | |
| <input type="checkbox"/> Full Heparinisation <input type="checkbox"/> Partial Heparinisation <input type="checkbox"/> Aprotinine <input type="checkbox"/> NPO and TPN <input type="checkbox"/> i.v. Insulin <input type="checkbox"/> Nicotinamide <input type="checkbox"/> Others see Comments | <input type="text"/> | <input type="text"/> |
| | <input type="text"/> | <input type="text"/> |
| | <input type="text"/> | <input type="text"/> |
| | <input type="text"/> | <input type="text"/> |
| | <input type="text"/> | <input type="text"/> |

— Comments