



DT9454

LIVING KIDNEY DONOR SURGICAL REVIEW FORM

Living Donor Identification Number – Kidney Paired Donation Program	
Unique Donor Number (UDN)	

User's first and last name		
Date of birth (yyyy/mm/dd)	Age	Sex <input type="checkbox"/> M <input type="checkbox"/> F
Address (number, street)		
City	Postal code	
Health Insurance Number	Record number	

Name of Establishment		
<input type="checkbox"/> CHUM – Centre hospitalier de l'Université de Montréal	<input type="checkbox"/> CIUSSS de l'Estrie – CHUS -- Hôpital Fleurimont	<input type="checkbox"/> CUSM – Site Glen
<input type="checkbox"/> CHU de Québec – UL – Pavillon L'Hôtel-Dieu de Québec	<input type="checkbox"/> CIUSSS de l'Est-de-l'Île-de-Montréal – Hôpital Maisonneuve-Rosemont	

Donor Information			
Height cm	Weight kg	Blood Group (A, B, AB or O)	Body Mass Index (BMI)
Total Renal Function Glomerular filtration rate ml/min/1.73 m ² or Creatinine Clearance ml/min			Recipient Medical Record No. (if known)

Anatomical characteristics	Left Kidney	Right Kidney
Dimensions		
Length × width × height (cm)		
Arteries		
Number		
Length to first branch		
Veins		
Number		
Length		
Preaortic/Retroaortic (left)		
Ureters		
Number		
Parenchyma		
Cyst		
Stone		
Neoplasm		
Split function (if available)		
Other		

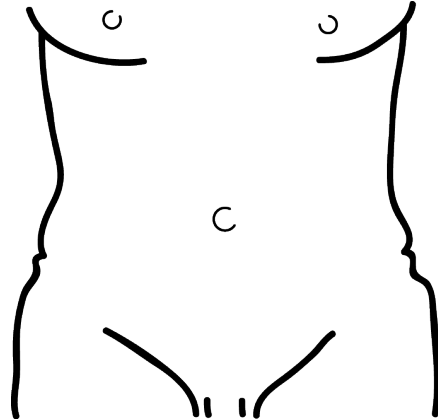
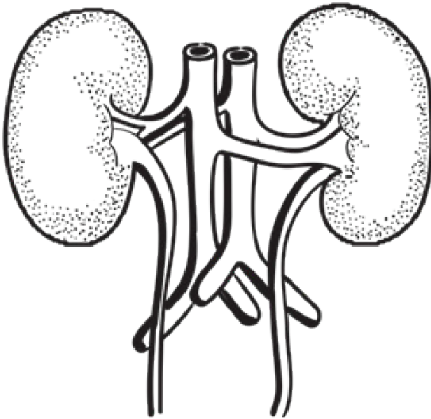
User's first and last name

Record number

Relevant Donor Surgical History

Empty box for relevant donor surgical history.

Sketch of Surgical Anatomy



Recommended Donor Nephrectomy (*check one*):

Laparoscopic: Left Right

Open: Left Right

Risks discussed

Death 1/3,000

Conversion to open surgery

Long term follow-up

Others

Hemorrhage/Transfusion

Hernia

Injuries to adjacent organs

Other comments

Large empty box for other comments.

Surgeon who performed the exam

Date

Name (printed)

License No.

Signature

Year

Month

Day