



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)

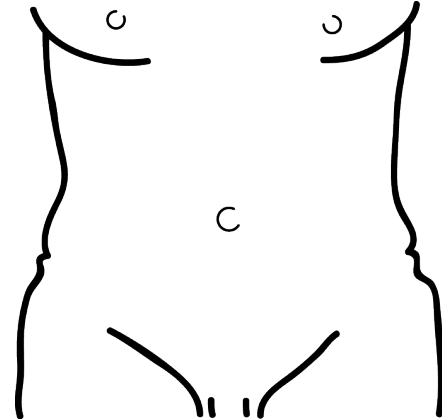
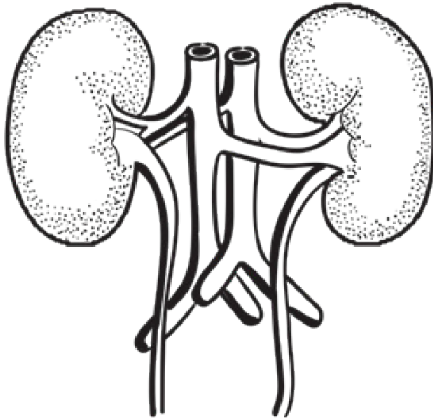
Anatomical characteristics	Left Kidney	Right Kidney
Dimensions		
Length × width × height (cm)		
Arteries		
Number		
Length to first branch		
Veins		
Number		
Length		
Preaortic/Retroaortic (left)		
Ureters		
Number		
Parenchyma		
Cyst		
Stone		
Neoplasm		
Split function (if available)		
Other		

User's first and last name

Record number

Relevant Donor Surgical History

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

Surgeon who performed the exam

Date

Name (printed)	License No.	Signature	Year	Month	Day