



JEEVANDAN

CADAVER TRANSPLANTATION PROGRAMME

State Government of Telangana



Donor Parameters Form

Donor Hospital:-

Name of Donor:-

Age:-

Sex:-

Blood Group:-

Height:-

Weight:-

Cause of Hospitalization:-

Date of Hospitalization:-

Brain death Declaration for 1st apnea Date & time:-

Brain death Declaration for 2nd apnea Date & time:-

CT- Cerebral Angio :-

Date of Ventilation:-

Hypertension:Yes / No

Diabetic:Y / N

RTA: Y/N

MLC No:-

Treating Doctor:-

HIV:-

HCV:-

HBsAg:-

Hepatitis B:-

Hepatitis C:-

Smoking:-

Alcohol:-

Heart Rate:-

BP @ Admission:-

Inotropic Support:-

Antibiotics:-

BP @ Declaration:-

UOP @ Admission:-

UOP @ Declaration:-

Tentative Consent for Organs:-

ECG									
CXR									
2D ECHO:									
USG Abd. Liver: Spleen: RK: LK: Impression:									

Others:- _____

Remarks: _____