Renal Biopsy - Frozen Section

Type of specimen:  Wedge biopsy  Needle biopsy  Other ____________________

Date and time of specimen examination:  Date: _____/_____/______  Time: _____:______

NOTE:  We request that each biopsy slide contain > 50 glomeruli.
       Please prepare a separate slide for each specimen, labeled as “Left Kidney” and “Right Kidney” and return to NEOB with this report.

<table>
<thead>
<tr>
<th></th>
<th>Left Kidney</th>
<th>Right Kidney</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number of glomeruli:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Number of sclerosed glomeruli:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Percentage of glomerulosclerosis:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Tubular Interstitial Fibrosis/Tubular Atrophy</td>
<td>Circle</td>
<td>Circle</td>
</tr>
<tr>
<td>0</td>
<td>1+</td>
<td>2+</td>
</tr>
<tr>
<td>Codes: 0 (absent)</td>
<td>1+ (1-10%)</td>
<td>2+ (11-20%)</td>
</tr>
<tr>
<td>Vessel Arteriosclerosis</td>
<td>Circle</td>
<td>Circle</td>
</tr>
<tr>
<td>0</td>
<td>1+</td>
<td>2+</td>
</tr>
<tr>
<td>Codes: 0 (absent)</td>
<td>+1 (mild fibrous tissue)</td>
<td>+2 (+1 plus mild intimal thickening)</td>
</tr>
<tr>
<td>Vessel Hyalinosis</td>
<td>Circle</td>
<td>Circle</td>
</tr>
<tr>
<td>0</td>
<td>1+</td>
<td>2+</td>
</tr>
<tr>
<td>Codes: 0 (none)</td>
<td>+1 (mild)</td>
<td>+2 (moderate)</td>
</tr>
</tbody>
</table>

Comments:

Pathologist (print name): ___________________________  Signature: ___________________________

Hospital Affiliation: ___________________________________________________________________

Please fax this report to: New England Organ Bank
Fax: 877-253-5665  Phone: 877-965-1234

ORG 42 022509  Appendix D
CLINICAL INFORMATION SYSTEM
ELECTRONIC MEDICAL RECORD (EMR) ACCOUNT REQUEST

Please provide an Information System account name and a password for:

<table>
<thead>
<tr>
<th>NEW USER INFORMATION</th>
<th>LOCATION</th>
</tr>
</thead>
<tbody>
<tr>
<td>First Name: __________________</td>
<td>New England Organ</td>
</tr>
<tr>
<td></td>
<td>Bank</td>
</tr>
<tr>
<td>M.I. _____</td>
<td>60 First Avenue</td>
</tr>
<tr>
<td>Last Name: __________________</td>
<td>Waltham, MA 02451</td>
</tr>
<tr>
<td>Credentials: _____</td>
<td>800.446.6362</td>
</tr>
<tr>
<td>E-Mail Address:</td>
<td></td>
</tr>
<tr>
<td>Sponsoring Department: ______</td>
<td></td>
</tr>
<tr>
<td>Date of Birth: ____________</td>
<td></td>
</tr>
<tr>
<td>Last 4 digits of SSN: ______</td>
<td></td>
</tr>
</tbody>
</table>

I have read and will abide by the Dartmouth-Hitchcock (D-H) Privacy Group Policy Statement on Privacy and Confidentiality of Patient Information, and agree to access the Dartmouth-Hitchcock Electronic Medical Record ("D-H EMR") only when appropriate for patient care. I agree to use this account as necessary to accomplish my job.

I will respect and protect the confidential nature of patient information. I understand that revealing my eDH password to anyone or allowing anyone else access to the D-H EMR under my password is a violation of the policy. The confidentiality of electronic patient health information available from the D-H EMR is of equal importance to the confidentiality of data in a paper medical record. Improper use of a patient’s health information is a serious offense subject to termination of access and/or employment or staff appointment. I further understand that any improper use of a patient’s health information may be subject to legal civil or criminal action.

I realize the DH logs all access to patient health information in the D-H EMR and that this log is subject to regular review. If requested, I will provide written justification for my need to have accessed any patient’s record for purposes of treatment, payment, or operations. I also understand that any computer software that is made available is not to be redistributed to anyone without the permission of Dartmouth-Hitchcock Regional Information Systems.

ACKNOWLEDGEMENT SIGNATURES

APPLICANT

(603) 653-3280

MAIL COMPLETED FORM

Dartmouth-Hitchcock Medical Center
Regional Information Systems
1 Medical Center Drive
Lebanon, NH 03756

EMR/OSIS-NEOB

Applicant

Date

NEOB Program Director

Karen Lord

Date
Bronchoscopy Data Form

Date/ Time: __________________________ Consulting MD: __________________________

Interpretation: □ Normal □ Abnormal Airway Anatomy □ Normal □ Abnormal

The right upper lobe comes off of the >>> □ Trachea □ Bronchus

Bronchus Lining □ Normal □ Inflamed □ Mild □ Moderate □ Severe □ Other

If Other Please Describe ______________________________________________________

Secretions □ Clear □ White □ Yellow □ Tan □ Green □ Bloody □ Other

If Other Please Describe ______________________________________________________

□ Purulent □ Non Purulent Do they re-accumulate after succioning? □ Yes □ No

Clear Easily: □ Yes □ No Consistency: □ Thick □ Thin

Foreign Matter Present □ Yes □ No Describe: ________________________________

Evidence of Aspiration □ Yes □ No Clears Easily? □ Yes □ No

Sputum Specimen (Not BAL) □ Yes □ No Date & Time: _______________________

Area – Recommended: Rt. Middle Lobe

Lavage Performed (Prefer None) □ Yes □ No Area Lavaged _______________________

Saline Used □ Yes □ No Saline Amount? __________________________ Cc’s

Please comment and indicate on the illustration any abnormalities noted: Thank you

__________________________________________

__________________________________________

__________________________________________

__________________________________________

__________________________________________

ORG 98 030911
New England Organ Bank
Anesthesia Guidelines for Organ Donation

Anesthesia services for physiological support of brain dead organ donors include administration of fluids and blood, monitoring and maintenance of temperature, blood pressure, electrolytes, and ventilation/oxygenation, obtaining blood specimens, and administration of medications.

While the organ recovery procedure may last from less than one to more than five hours, on average, the interval of surgery will be approximately three hours, from incision to cross-clamp. At the time of aortic cross-clamping, cold preservation solutions are infused via cannulae inserted into the appropriate vessels, and the organs are subsequently removed for backtable dissection and packaging for transport. Anesthesia support is discontinued at the time of aortic cross-clamp.

Specific guidelines and parameters for support of organ donors include the following:

1. Adequate monitoring of vital signs is critical to successful organ recovery
   • Radial arterial line is preferred for BP monitoring and obtaining blood specimens
   • Adequate venous access for CVP monitoring and rapid volume infusion is preferred
   • Core temperature should be maintained above 35°C using warming blanket and other means as needed. It is helpful to keep the OR temperature at 75°F.

2. Adequate organ perfusion is critical
   • For adults, systolic BP > 100 mm Hg should be maintained (consult with surgical team regarding preferred means for maintaining BP)
   • In general, dopamine is the vasopressor of choice
   • Urine output should be monitored closely. Goal is 2 to 3 cc/kg/hr.

3. Oxygenation
   • Arterial PaO2 should be maintained at > 100 mm Hg, while FIO2 should be kept at 40% unless otherwise indicated (e.g., progressive arterial hypoxemia). PEEP of 5 cm H2O is preferred.
   • Arterial blood gases should be obtained periodically.

4. Administration of blood products and medications
   • In general, the patient's hematocrit should be maintained at 30. Five units of PRBC's should be typed, crossed and available. Other blood products (platelets, FFP) should be given in consultation with surgical team.
   • Heparin 30,000 Units and Mannitol 25 gm should be given at the direction of the surgical team. Other medications e.g. Lasix, Pavulon may be requested on occasion.

ORG 96 031405