



المركز السعودي لزراعة الأعضاء
Saudi Center for Organ Transplantation

General Organ Allocation Policy

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General Organ Allocation Policy

1. PURPOSE

- 1.1 Given that organ allocation is a complicated critical time sensitive process, the aim of this policy is to provide a comprehensive and clear framework governing the organ allocation process in The Saudi Center for Organ Transplantation (SCOT).
- 1.2 To guide all stakeholders involved in the allocation process to ensure fairness, optimize transplantation outcomes, and maximize benefits for candidates in need, aligning with SCOT's commitment to ethical and efficient organ distribution.

2. RELATED DOCUMENTS

- 2.1 Heart Allocation policy (APP-ODA-02)
- 2.2 Lung Allocation policy (APP-ODA-05)
- 2.3 Liver Allocation policy (APP-ODA-04)
- 2.4 Kidney Allocation policy (APP-ODA-03)
- 2.5 Data sharing policy (APP-DM-01)
- 2.6 Accreditation Compliance Policy (APP-ACC-02)
- 2.7 Disposal of Discarded Human Organs/Tissues policy (DDP-OSC-07)

3. DEFINITION

- 3.1 **SCOT:** Saudi Center for Organ Transplant
- 3.2 **Organ Allocation:** the process of determining how organs are distributed. Allocation includes the system of policies and guidelines which ensure that organs are distributed in an equitable, ethical, and medically sound manner.
- 3.3 **Recipient:** A person who receives a transplant.
- 3.4 **Donor:** Anyone who had permitted, while alive, to donate his/her organs after death, or whose successors and relatives have agreed to the donation of any of his/her organs after death according to the provisions of the regulations.
- 3.5 **HLA (Human Leukocyte Antigen):** Molecules found on cells in the body that are inherited genetically. In donor-recipient matching, HLAs help to determine compatibility between a donor and recipients.
- 3.6 **SCOT Coordinator:** Any healthcare professional (physician or nurse) appointed by SCOT Donor Affairs & Organ Allocation Department to be responsible for the allocation and coordination of donated organs to transplant centers.
- 3.7 **Organ- specific transplantation sub-committee:** It is a committee that branches from the national transplantation committee for the same organ and consists of 2 to 3 members from the national committee assigned for the allocation of exceptional cases.



4. POLICY

- 4.1 The responsibility of organ allocation relies solely on The Saudi Center for Organ Transplantation (SCOT).
- 4.2 SCOT Organ allocation framework is designed to prioritize fairness and maximize the benefits and transplantation outcomes for candidates in need. ([Appendix 8.1 General Standard Organ Allocation and Offering Workflow](#))
- 4.3 SCOT ensures equity in the allocation of organs, without discrimination, all patients with comparable clinical profiles on the waiting list should have an equal probability of receiving organs, with respect to the allocation attributes.
- 4.4 Organs are allocated only if they are deemed viable by SCOT medical team evaluation.
- 4.5 SCOT's organ allocation system is structured to ensure the fair and efficient distribution of organs through four distinct allocation types: Standard, Exceptional, Rescue, Organ Offer from countries outside KSA.
- 4.5.1 **Standard Allocation:** Offers for each organ are made based on the match list "Recipient oriented Allocation", prioritizing the first recipient as the "primary offer." If this offer is declined, SCOT will proceed to the next recipient on the list, referred to as the "backup offer".
- 4.5.1.1 **Primary Offer:** The offer made to the first recipient on the matching list. The center has the option to accept this offer and proceed with the transplantation for the designated recipient. SCOT strongly urges centers to make their decision within 60 minutes for logistical reasons.
- 4.5.1.2 **Secondary Offer (Backup):** When the primary offer is made, the second recipient on the match list will generally receive a backup or secondary offer. This offer is intended to save time in the allocation process. Centers are also urged to decide on the secondary offer within a 60-minute time limit. Transplant centers must treat backup offers the same as actual organ offers.
- 4.5.1.3 SCOT's policy mandates that standard organ allocation be based on the attributes of medical urgency, compatibility, waiting time, and organ utilization.
- 4.5.1.3.1 **Medical Urgency:** SCOT policy requires that organ allocation considers the level of medical urgency of candidates, ensuring that those with the most critical medical conditions are prioritized for transplantation - principle of "sickest first" is always emphasized-, considering that allocation criteria based on medical urgency are different for each organ.
- 4.5.1.3.2 **Compatibility:** In each organ allocation process certain compatibility tests shall be performed, the compatibility in blood group, HLA and size matching might be done based on the type of the transplanted organ, with the objective of maximizing the likelihood of a successful transplantation and minimizing the potential for organ rejection.
- 4.5.1.3.3 **Waiting time:** SCOT policy emphasizes the consideration of waiting time in organ allocation within same medical urgency, ensuring that candidates who have been waiting for a longer duration are given priority to receive a suitable organ.
- 4.5.1.3.4 **Organ utilization:** To maximize organ utilization, factors such as the organ's suitability for transplantation, the likelihood of a successful outcome, the proximity of candidates to the donor and logistical issues, and others, must be taken into consideration during organs allocation, In the absence of urgency the allocation



process considers the distance and transportation feasibility between the donor and potential recipients to ensure efficient utilization of available organs (i.e. shorter cold ischemia time).

- 4.5.2 **Exceptional Allocation:** This applies to unique or urgent cases requiring a deviation from standard allocation attributes. Such cases are evaluated individually by the organ-specific transplantation sub-committee assigned by the SCOT's national committee, which will convene as needed when an exceptional case arises prior to the allocation process.
- 4.5.3 **Rescue Allocation:** This is initiated when standard allocation method is unsuccessful (e.g., due to an unstable recipient/donor, short ischemic time...). In such instances, SCOT assumes sole responsibility to ensure the organ is utilized effectively.
- 3.5.3.1 **Organ Allocation for Countries Outside KSA:** If no suitable recipients are available within Saudi Arabia, the SCOT coordinator shall reach out to the approved organ sharing program (e.g., the Gulf Countries Organ Sharing Program) to explore potential recipients and to ensure organ utilization.
- 4.5.4 **Allocation of organs offered from Outside KSA:** When an organ is offered from outside KSA, it will be allocated according to the standard allocation methods outlined in this policy.
- 4.6 All decisions made by centers regarding organ offers must be recorded in the National Organ Donation and Transplantation Platform (ATHAR).
- 4.7 Once an organ is allocated to the primary recipient, SCOT will not permit any changes to the allocation. However, SCOT retains the authority to withdraw the offer if the allocation is found to be in violation of the rules established in this policy.
- 4.8 After the transplant center accepts an organ offer, SCOT retains the authority to determine the time at which the organ recovery process shall begin. This decision will be made considering factors such as logistics & medical condition of both donor and recipient to ensure optimal organ utilization.
- 4.9 SCOT mandates that transplant centers maintain accurate and timely data submissions to ensure fair and equitable organ allocation.
- 4.10 Transplantation centers must update their waitlists on a **weekly basis**, and centers are required to notify SCOT **immediately** of any significant updates or changes in patient status to ensure timely and accurate information.
- 4.11 SCOT will conduct both retrospective and concurrent random Allocation Compliance Reviews of all allocated organs. These reviews will include, but are not limited to, a review of transplant recipient data reported to SCOT compared to source data, reasons for organ offer rejections, and post-transplant outcomes.
- 4.12 All correspondence, including emails, letters, and any other form of communication, must be documented promptly and accurately with the dates & times.
- 4.13 If a transplant center encounters a conflict with SCOT's organ allocation, transplant center can raise a complaint to SCOT's official channels or through E-mail: opex@scot.gov.sa , and SCOT will investigate accordingly.
- 4.14 SCOT exercises extreme caution in limiting the access to allocation documentation to authorized personnel involved in the organ allocation process to maintain confidentiality and impartiality of sensitive information.
- 4.15 The allocation policy shall be reviewed periodically by the Operational Excellence Department at SCOT along with



the national committees for organs transplantation, to ensure its effectiveness, relevance, and alignment with SCOT regulatory requirements. Any necessary revisions or updates shall be made in a timely manner.

5. PROCEDURE

- 5.1 SCOT commences the allocation process, within 1 hour after obtaining consent for organ donation.
- 5.2 SCOT coordinator shall request post consent donor workup from donor hospitals for the considered organ. [Table 1: Routine Donor Workup](#) & [Table 2: Routine Donor Workup by Each Organ](#)
- 5.3 SCOT coordinator shall promptly review the case details, ensure data completion and diligently assess the viability of the organs based on the established criteria for each organ.
- 5.4 SCOT coordinator shall allocate the viable organ based on the allocation attributes outlined in the organ-specific allocation policy.
- 5.5 The organ allocation offer shall be made to both the primary recipient and backup recipients simultaneously. The final allocation plan must receive approval from the head of the Waiting List Management and Organ Allocation section at SCOT.
- 5.6 The SCOT coordinator shall promptly contact the coordinator at the transplant centers to make the organ offer and provide all relevant donor information (e.g., Brain Death Potential Organ Donor Form).
- 5.7 The transplant center has a maximum of 1 hour to accept the offer, which is considered an initial acceptance. During this time, the transplant center may request further investigations.
- 5.8 The SCOT coordinator is responsible for ensuring that all necessary workups are completed and submitted to the accepting transplant center promptly.
- 5.9 Upon receiving all necessary or requested data about the donor and HLA results, the transplant center must provide a final acceptance or rejection within 1 hour from the time the last investigation result is shared, and the decision should be documented promptly.
- 5.10 Failure to respond within 1 hour will result in the center being excluded from the organ allocation and will be treated as a refusal.
- 5.11 In case of rejection, the transplant center must provide a valid reason for the rejection using *The Organ and Tissue Acceptance/Rejection form*.
- 5.12 The SCOT coordinator shall communicate the reason for rejection from the initially accepted center to the backup centers.
- 5.13 The primary transplant center may reject the organ during the recovery process based on a macroscopic examination.
- 5.13.1 The primary transplant center must complete the [Organ and Tissue Acceptance/Rejection form](#) and send it to SCOT. SCOT coordinator shall inform the backup transplant center of the rejection and the reason behind it.
- 5.14 If the organ is not accepted by any transplant center due to unsuitability for transplantation, the transplant center coordinator must fill the [Deceased Organ Discard Report](#) according to SCOT's (Disposal of Discarded Human

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Organ/Tissue Policy) (DDP-OSC-07).

- 5.15 If the organ is transplanted, the transplant center shall complete the Post Organ Transplantation Form within 24 hours of the transplantation date.
- 5.16 The SCOT coordinator responsible for allocation shall document the entire allocation process as relevant using Organ Allocation Form.
- 4.14 The organs allocation process is considered concluded once the organs have been successfully transplanted to the recipient.

6. APPENDIX

- 6.1 [General Standard organ allocation and offering workflow](#)
- 6.2 [Table 1: Routine Donor Workup](#)
- 6.3 [Table 2: Routine Donor Workup by each organ](#)
- 6.4 [Organ Allocation Form.](#)
- 6.5 [Post Organ Transplantation Form](#)
- 6.6 [Deceased Organ Discard Report](#)
- 6.7 [Organ and Tissue Acceptance/Rejection form.](#)

7. REFERENCES

- 7.1 OPTN, "Organ Procurement and Transplantation Network (OPTN) Policies." Jan. 01, 2024. [Online]. Available: https://optn.transplant.hrsa.gov/media/eavh5bf3/optn_policies.pdf
- 7.2 Euro transplant, "ET Thoracic Allocation System (EThAS)." Aug. 17, 2023. [Online]. Available: <https://www.eurotransplant.org/wp-content/uploads/2023/08/H6-EThAS-August-17-2023.pdf>
- 7.3 SCOT, "Directory of the Regulations of Organ Transplantation in the Kingdom of Saudi Arabia." 2024. [Online]. Available: www.SCOT.gov.sa



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Saudi Center for Organ Transplantation

APPENDIXES





8. APPROVALS

WRITERS	DEPARTMENT	SIGNATURE	DATE
Iman Al Harbi	Policy Development /Operational Excellence Department		21-08-24
Dr. Khalid Al Roqi	Donor Affairs & Organ Allocation Department		11-08-24
Bashayer Mohammed Al Sahli	Director of Operational Excellence Department		12/8/24

REVIWERS	DEPARTMENT	SIGNATURE	DATE
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Dr. Haron Ahmed	Donor Affairs & Organ Allocation Department		19-08-24

APPROVALS			
NAME	POSITION	SIGNATURE	DATE
Dr. Beshar Attar	Director of Donor Affairs & Organ Allocation Department		21/8/24
Bashayer Mohammed Al Sahli	Chairman of Policies & Procedures Committee		21/8/24
Dr. Talal Turki Al Goufi	General Director		21/8/24

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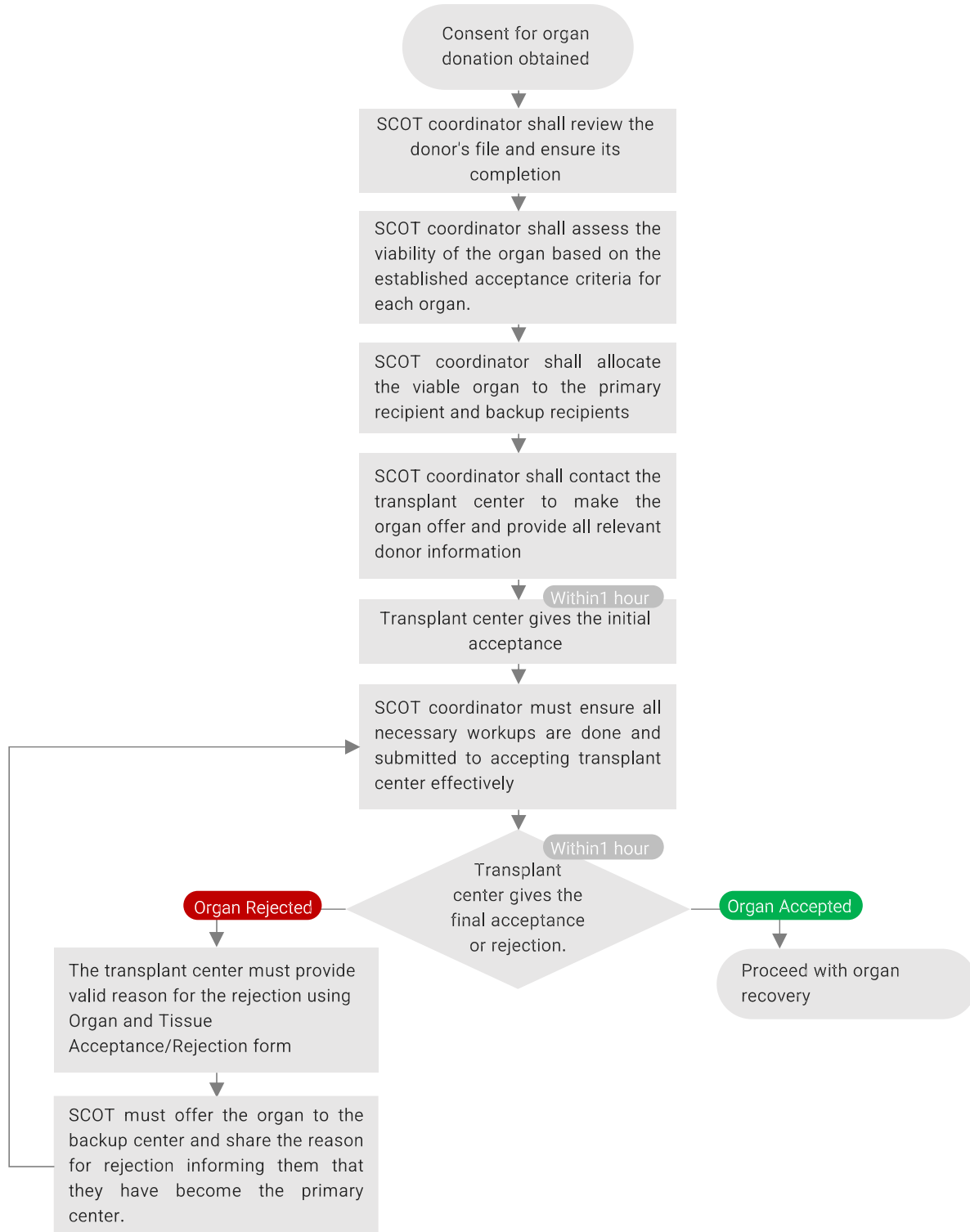
Table 1: Routine Donor Workup

List of routine workups to all donors that should be done during case follow up
Blood culture
Urine culture
Throat culture
Surveillance MRSA: Groin, Axilla, Nasal
Serology
Blood type
Liver enzyme
Electrolyte
CBC
Blood gases
HLA (Only to be done after the consent obtained)

Organs	Lung	Heart	Liver	Kidney	Pancreases	Intestinal	Cornea
Routinely work up by each organ/tissue	<ul style="list-style-type: none"> ▪ Challenge test ▪ Chest x-ray ▪ CT lung windows ▪ Bronchoscopy ▪ TB PCR from tracheal aspirate ▪ Pneumonia panel ▪ Covid test 	<ul style="list-style-type: none"> ▪ Cardiac Cath ▪ Echo ▪ ECG 	<ul style="list-style-type: none"> ▪ Liver function tests with bilirubin, coagulation profile ▪ GGT ▪ Albumin ▪ US/ CT abdomen 	<ul style="list-style-type: none"> ▪ Kidney function tests ▪ electrolytes ▪ US/CT Abdomen ▪ Total intake/output 	<ul style="list-style-type: none"> ▪ Amylase ▪ Lipase ▪ HbA1c ▪ US/ CT Abdomen 	<ul style="list-style-type: none"> ▪ Abd girth ▪ Amylase ▪ Lipase 	<ul style="list-style-type: none"> ▪ Serology specially, HBc antibodies.

Table 2: Routine Donor Workup by each organ

Appendix 6.1: General Standard Organ Allocation and Offering Workflow





Organ Allocation Form: **Automated in ATHAR**



Post Intestinal Transplantation

Recipient Information

Hospital Code	Recipient MRN	SCOT MRN
<p>Name: Given: _____ Father: _____ Grandfather: _____ Surname: _____</p>		
<p>Date of Birth: _____</p>		<p>Age: _____ Years</p>
<p>Sex: <input type="radio"/> Male <input type="radio"/> Female</p>	<p>Saudi ID/Iqama No. _____</p>	<p>Nationality: _____</p>
<p>Address: P.O. Box: _____</p>	<p>City: _____</p>	<p>Tel/Mobile: # _____</p>
<p>Marital Status: <input type="radio"/> Single <input type="radio"/> Married <input type="radio"/> Widow <input type="radio"/> Divorced</p>	<p>Original Intestinal Disease: _____</p>	
<p>Hospital Admission Date: _____</p>	<p>Body Weight: _____</p>	
<p>Blood Group: <input type="radio"/> A+ <input type="radio"/> A- <input type="radio"/> B+ <input type="radio"/> B- <input type="radio"/> AB+ <input type="radio"/> AB- <input type="radio"/> O+ <input type="radio"/> O-</p>		
<p>Date of Transplantation: _____</p>		<p>Place of Transplantation: _____</p>
<p>In case of graft loss: How many re-transplant has been performed to the patient? _____</p>		
<p>Type of Transplant: <input type="radio"/> Alone</p>		<p>Cold Ischemia: _____ Hrs. _____ Mins.</p>
<p><input type="radio"/> Other MVT: Specify _____</p>		
<p>Remarks: _____</p>		

Deceased Donor Information

Hospital Code	Donor MRN	SCOT MRN
<p>Name: Given: _____ Father: _____ Grandfather: _____ Surname: _____</p>		
<p>Sex: <input type="radio"/> Male <input type="radio"/> Female</p>	<p>Age: _____ Years</p>	<p>BMI: _____</p>
<p>Blood Group: <input type="radio"/> A+ <input type="radio"/> A- <input type="radio"/> B+ <input type="radio"/> B- <input type="radio"/> AB+ <input type="radio"/> AB- <input type="radio"/> O+ <input type="radio"/> O-</p>		
		<p>Nationality: _____</p>
<p>Donor Hospital: _____</p>		
<p>Address: P.O. Box: _____</p>	<p>City: _____</p>	<p>Tel/Mobile: # _____</p>
<p>Remarks: _____</p>		

The transplant center shall complete the organ transplantation form promptly after the organ transplantation within 24 hours of the transplantation date

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Post Pancreas Transplantation

Recipient Information

Hospital Code	Recipient MRN	SCOT MRN
<p>Name: Given: _____ Father: _____ Grandfather: _____ Surname: _____</p>		
<p>Date of Birth: _____</p>		<p>Age: _____ Years</p>
<p>Sex: <input type="radio"/> Male <input type="radio"/> Female</p>	<p>Saudi ID/Iqama No. _____</p>	<p>Nationality: _____</p>
<p>Address: P.O. Box: _____</p>	<p>City: _____</p>	<p>Tel/Mobile: # _____</p>
<p>Marital Status: <input type="radio"/> Single <input type="radio"/> Married <input type="radio"/> Widow <input type="radio"/> Divorced</p>	<p>Original Pancreas Disease: _____</p>	
<p>Hospital Admission Date: _____</p>	<p>Body Weight: _____</p>	
<p>Blood Group: <input type="radio"/> A+ <input type="radio"/> A- <input type="radio"/> B+ <input type="radio"/> B- <input type="radio"/> AB+ <input type="radio"/> AB- <input type="radio"/> O+ <input type="radio"/> O-</p>	<p>Date of Transplantation: _____</p>	
<p>In case of graft loss: How many re-transplant has been performed to the patient? _____</p>		<p>Place of Transplantation: _____</p>
<p>Type of Transplant: <input type="radio"/> PTA <input type="radio"/> SPK</p>	<p>Cold Ischemia: _____ Hrs. _____ Mins.</p>	
<p><input type="radio"/> Other, Specify: _____</p>		
<p>Remarks: _____</p>		

Deceased Donor Information

Hospital Code	Donor MRN	SCOT MRN
<p>Name: Given: _____ Father: _____ Grandfather: _____ Surname: _____</p>		
<p>Sex: <input type="radio"/> Male <input type="radio"/> Female</p>	<p>Age: _____ Years</p>	<p>BMI: _____</p>
<p>Blood Group: <input type="radio"/> A+ <input type="radio"/> A- <input type="radio"/> B+ <input type="radio"/> B- <input type="radio"/> AB+ <input type="radio"/> AB- <input type="radio"/> O+ <input type="radio"/> O-</p>		
<p>Donor Hospital: _____</p>		<p>Nationality: _____</p>
<p>Address: P.O. Box: _____</p>	<p>City: _____</p>	<p>Tel/Mobile: # _____</p>
<p>Remarks: _____</p>		

The transplant center shall complete the organ transplantation form promptly after the organ transplantation within 24 hours of the transplantation date

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Post Kidney Transplantation

Recipient Information

Hospital Code	Recipient MRN	SCOT MRN
<p>Name: Given: _____ Father: _____ Grandfather: _____ Surname: _____</p> <p>Date of Birth: _____ Age: _____ Years</p> <p>Sex: <input type="radio"/> Male <input type="radio"/> Female Nationality: _____</p> <p>Address: P.O. Box: _____ City: _____ Tel/Mobile: # _____</p> <p>Marital Status: <input type="radio"/> Single <input type="radio"/> Married <input type="radio"/> Widow <input type="radio"/> Divorced Date of First Dialysis: _____</p> <p>Hospital Admission Date: _____ Original Renal Disease: _____</p> <p>Blood Group: <input type="radio"/> A+ <input type="radio"/> A- <input type="radio"/> B+ <input type="radio"/> B- <input type="radio"/> AB+ <input type="radio"/> AB- <input type="radio"/> O+ <input type="radio"/> O-</p> <p>Date of Transplantation: _____ Place of Transplantation: _____</p> <p>Type of Transplant: <input type="radio"/> Living Related <input type="radio"/> Living Unrelated <input type="radio"/> Deceased <input type="radio"/> Pair Exchange</p> <p>Cold Ischemia: _____</p> <p>Remarks: _____</p>		

Donor Information

Hospital Code	Donor MRN	SCOT MRN
<p>Name: Given: _____ Father: _____ Grandfather: _____ Surname: _____</p> <p>Sex: <input type="radio"/> Male <input type="radio"/> Female Age: _____ Years Weight: _____ Kg Creat. CL: _____ ml/min</p> <p>Blood Group: <input type="radio"/> A+ <input type="radio"/> A- <input type="radio"/> B+ <input type="radio"/> B- <input type="radio"/> AB+ <input type="radio"/> AB- <input type="radio"/> O+ <input type="radio"/> O-</p> <p>Type of Donor: <input type="radio"/> Living Related <input type="radio"/> Living Unrelated <input type="radio"/> Cadaver</p> <p>Relation to Recipient: <input type="radio"/> Directed <input type="radio"/> Non-Directed Nationality: _____</p> <p>Donor Hospital: _____</p> <p>Address: P.O. Box: _____ City: _____ Tel/Mobile: # _____</p> <p>Remarks: _____</p>		

The transplant center shall complete the organ transplantation form promptly after the organ transplantation within 24 hours of the transplantation date





Post Liver Transplantation

Recipient Information

Hospital Code	Patient No.	SCOT No.
Name:	Given: _____ Father: _____ Grandfather: _____	Surname: _____
Date of Birth:	_____	Age: _____ Years
Sex:	<input type="radio"/> Male <input type="radio"/> Female	Body Weight: _____
Nationality:	_____	_____
Address: P.O. Box:	_____	City: _____
Tel/Mobile:	_____	## _____
Marital Status:	<input type="radio"/> Single <input type="radio"/> Married <input type="radio"/> Widow <input type="radio"/> Divorced	Original Liver Disease: _____
Hospital Admission Date:	_____	_____
Blood Group:	<input type="radio"/> A+ <input type="radio"/> A- <input type="radio"/> B+ <input type="radio"/> B- <input type="radio"/> AB+ <input type="radio"/> AB- <input type="radio"/> O+ <input type="radio"/> O-	
Date of Transplantation:	_____	Place of Transplantation: _____
Type of Transplant:	<input type="radio"/> Living Related <input type="radio"/> Living Unrelated <input type="radio"/> Cadaver	
Cold Ischemia:	Hrs. _____	Mins. _____
Remarks:		

Donor Information

Hospital Code	Donor MRN	SCOT MRN
Name:	Given: _____ Father: _____ Grandfather: _____	Surname: _____
Sex:	<input type="radio"/> Male <input type="radio"/> Female	Age: _____ Years
Weight:	_____	Kg
Blood Group:	<input type="radio"/> A+ <input type="radio"/> A- <input type="radio"/> B+ <input type="radio"/> B- <input type="radio"/> AB+ <input type="radio"/> AB- <input type="radio"/> O+ <input type="radio"/> O-	
Type of Donor:	<input type="radio"/> Living Related <input type="radio"/> Living Unrelated <input type="radio"/> Deceased <input type="radio"/> Pair Exchange	
Relation to Recipient:	<input type="radio"/> Directed <input type="radio"/> Non-Directed	
Nationality:	_____	
Donor Hospital:	_____	
Address: P.O. Box:	_____	City: _____
Tel/Mobile:	_____	## _____
Remarks:		

The transplant center shall complete the organ transplantation form promptly after the organ transplantation within 24 hours of the transplantation date



Post Lung Transplantation

Recipient Information

Hospital Code	Recipient MRN	SCOT MRN
<p>Name: Given: _____ Father: _____ Grandfather: _____ Surname: _____</p>		
<p>Date of Birth: _____ Age: _____ Years</p>		<p>Sex: <input type="radio"/> Male <input type="radio"/> Female</p>
<p>Saudi ID/Iqama No. _____</p>		<p>Nationality: _____</p>
<p>Address: P.O. Box: _____ City: _____</p>		<p>Tel/Mobile: # _____</p>
<p>Marital Status: <input type="radio"/> Single <input type="radio"/> Married <input type="radio"/> Widow <input type="radio"/> Divorced</p>		
<p>Hospital Admission Date: _____</p>		<p>Original Lung Disease: _____</p>
<p>Blood Group: <input type="radio"/> A+ <input type="radio"/> A- <input type="radio"/> B+ <input type="radio"/> B- <input type="radio"/> AB+ <input type="radio"/> AB- <input type="radio"/> O+ <input type="radio"/> O-</p>		
<p>Date of Transplantation: _____</p>		<p>Body Weight: _____</p>
<p>In case of graft loss: How many re-transplant has been performed to the patient? _____</p>		
<p>Type of Transplant: <input type="radio"/> Lung <input type="radio"/> Heart & Lung</p>		<p>Place of Transplantation: _____ Hrs. _____ Mins.</p>
<p>Total Lung Tx. <input type="radio"/> Single <input type="radio"/> Bilateral</p>		<p>Cold Ischemia: _____</p>
<p>Remarks:</p>		

Deceased Donor Information

Hospital Code	Donor MRN	SCOT MRN
<p>Name: Given: _____ Father: _____ Grandfather: _____ Surname: _____</p>		
<p>Sex: <input type="radio"/> Male <input type="radio"/> Female Age: _____ Years</p>		<p>BMI: _____</p>
<p>Blood Group: <input type="radio"/> A+ <input type="radio"/> A- <input type="radio"/> B+ <input type="radio"/> B- <input type="radio"/> AB+ <input type="radio"/> AB- <input type="radio"/> O+ <input type="radio"/> O-</p>		
<p>Nationality: _____</p>		
<p>Donor Hospital: _____</p>		
<p>Address: P.O. Box: _____ City: _____</p>		<p>Tel/Mobile: # _____</p>
<p>Remarks:</p>		

The transplant center shall complete the organ transplantation form promptly after the organ transplantation within 24 hours of the transplantation date

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Post Heart Transplantation

Recipient Information

Hospital Code	Recipient MRN	SCOT MRN
Name: Given: _____ Father: _____ Grandfather: _____ Surname: _____		
Date of Birth: _____		Age: _____ Years
Sex: <input type="radio"/> Male <input type="radio"/> Female		Nationality: _____
Body Weight: _____		Saudi ID/Iqama No. _____
Address: P.O. Box: _____ City: _____		Tel/Mobile: # _____
Marital Status: <input type="radio"/> Single <input type="radio"/> Married <input type="radio"/> Widow <input type="radio"/> Divorced		Heart Status List: (E.g. IA) _____
Hospital Admission Date: _____		Original Heart Disease: _____
Blood Group: <input type="radio"/> A+ <input type="radio"/> A- <input type="radio"/> B+ <input type="radio"/> B- <input type="radio"/> AB+ <input type="radio"/> AB- <input type="radio"/> O+ <input type="radio"/> O-		
Date of Transplantation: _____		Place of Transplantation: _____
In case of graft loss: How many re-transplant has been performed to the patient? _____		
Type of Transplant: <input type="radio"/> Heart <input type="radio"/> Heart & Lung		Cold Ischemia: _____ Hrs. _____ Mins.
Remarks: _____		

Deceased Donor Information

Hospital Code	Donor MRN	SCOT MRN
Name: Given: _____ Father: _____ Grandfather: _____ Surname: _____		
Sex: <input type="radio"/> Male <input type="radio"/> Female		Age: _____ Years
BMI: _____		Nationality: _____
Blood Group: <input type="radio"/> A+ <input type="radio"/> A- <input type="radio"/> B+ <input type="radio"/> B- <input type="radio"/> AB+ <input type="radio"/> AB- <input type="radio"/> O+ <input type="radio"/> O-		
Donor Hospital: _____		
Address: P.O. Box: _____ City: _____		Tel/Mobile: # _____
Remarks: _____		

The transplant center shall complete the organ transplantation form promptly after the organ transplantation within 24 hours of the transplantation date



Deceased Organ Discard Report

Donor Demographics

Hospital:			
Name:		SCOT Case No.:	#
Age:	#	Date/Time:	
Nationality:		Blood Group:	

Discarded Organ:

- | | | | |
|-----------------------------------|--------------------------------------|----------------------------------|--------------------------------|
| <input type="checkbox"/> Kidney | <input type="checkbox"/> Liver | <input type="checkbox"/> Heart | <input type="checkbox"/> Lungs |
| <input type="checkbox"/> Pancreas | <input type="checkbox"/> Small Bowel | <input type="checkbox"/> Corneas | <input type="checkbox"/> Bones |

*Use a different form if you would like to report more than one organ for disposal

Transplant Center:	
Received date & time:	

Reason of Disposal

Reason organ harvested not used for transplantation

<input type="checkbox"/> Result of Perfusion Pump	<input type="checkbox"/> Warm ischemic time too long	<input type="checkbox"/> Diseased organ
<input type="checkbox"/> Long Cold Ischemia Time	<input type="checkbox"/> Organ trauma	<input type="checkbox"/> Anatomical abnormalities
<input type="checkbox"/> Vascular damage	<input type="checkbox"/> Organ not as described	<input type="checkbox"/> No recipient located - listed exhausted
<input type="checkbox"/> Ureteral damage	<input type="checkbox"/> Biopsy findings	<input type="text" value="Other, specify:"/>
<input type="checkbox"/> Inadequate urine output	<input type="checkbox"/> Recipient determined to be unsuitable for transplant in Operating room	
<input type="checkbox"/> Positive CMV	<input type="checkbox"/> Poor organ function	
<input type="checkbox"/> Positive HIV	<input type="checkbox"/> Infection	
<input type="checkbox"/> Positive hepatitis		

Disposal Method: Pathology Research

Information Provider

Coordinator Name:		Signature:	
Position:		Date/time:	
Transplant Center:			

In accordance with Articles 9 and 10 of the Human Organ Donation Regulation and Executive Bylaw, all medical examination and scientific research conducted on donated organs must adhere to Islamic principles and be done only with the informed consent of the donor. The dignity and confidentiality of the organ donor, whether living or deceased, shall be respected at all times during organ recovery and transplantation procedures. Any disclosure of medical information related to the donor's body is prohibited except when legally required or ordered by a judicial authority. All parties involved in organ donation, procurement, and transplantation procedures must uphold these principles outlined in Articles 9 and 10.



Organ and Tissue Acceptance/ Rejection

Donor Demographics

Name:	<input type="text"/>	SCOT Case No.:	# <input type="text"/>
Hospital:	<input type="text"/>	Coordinator:	<input type="text"/>
Offer Date/Time:	# <input type="text"/>		

Organ:

<input type="checkbox"/> Kidney	<input type="checkbox"/> Liver	<input type="checkbox"/> Heart	<input type="checkbox"/> Lungs
<input type="checkbox"/> Pancreas	<input type="checkbox"/> Small Bowel	<input type="checkbox"/> Corneas	<input type="checkbox"/> Bones

Accepted

Date/Time:

Rejected

Kindly indicate the reason:

Date/Time:

The transplant center shall complete the organ transplantation form promptly after the organ transplantation within 24 hours of the transplantation date

Information Provider

Transplant Center:	<input type="text"/>	Signature:	<input type="text"/>
Consultant:	<input type="text"/>	Signature:	<input type="text"/>
Transplant Coordinator:	<input type="text"/>	Date/time:	<input type="text"/>



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