



المركز السعودي لزراعة الأعضاء  
Saudi Center for Organ Transplantation

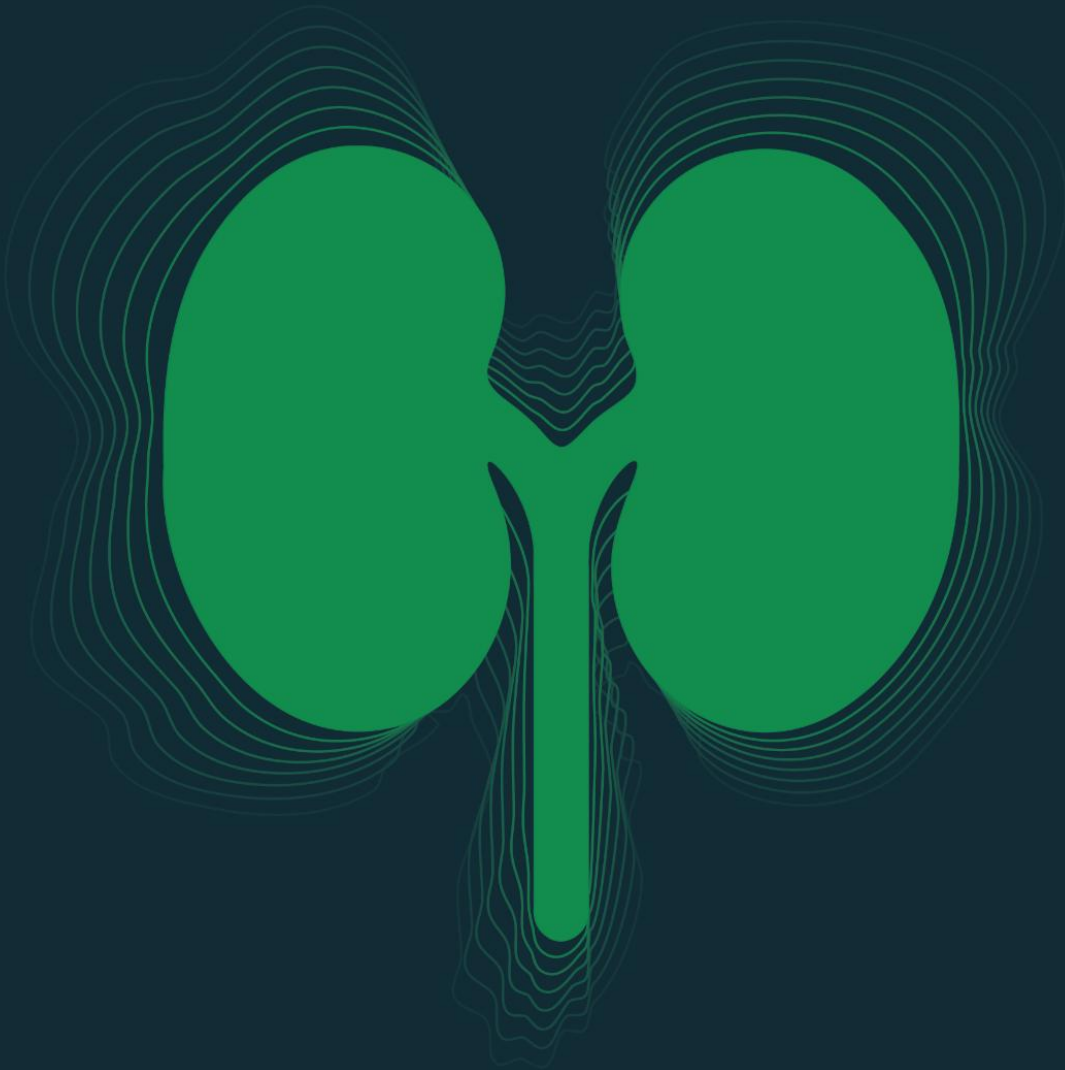
# Kidney Allocation Policy

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# Kidney Allocation Policy

## 1. PURPOSE

The purpose of this Policy is to ensure equitable and efficient allocation of donors' kidneys to maximize transplant outcomes and benefit patients in need.

## 2. RELATED DOCUMENTS

- 2.1 General Organ Allocation policy
- 2.2 Data sharing and privacy policy
- 2.3 Disposal of Discarded Human Organ/Tissue Policy
- 2.4 Combined Allocation policy
- 2.5 Deceased donor Management Policy
- 2.6 Post Consent Donor Management Policy

## 3. DEFINITION

- 3.1 **Allocation:** the process that is used to match donated organs with candidates/centers needing transplants.
- 3.2 **Recipient:** The patient to whom the donated human organ had been transplanted in his/her body.
- 3.3 **Donor:** Anyone who had permitted while alive to donate his/her organs after death, or his/her successors and relatives had agreed for the donation of any of his/her organs after his/her death according to the provisions of the regulations.
- 3.4 **HLA:** Human Leukocyte Antigen
- 3.5 **DD kidney (Deceased Donor Kidney):** Refers to a kidney that was obtained from an individual who has recently passed away of causes not affecting the organ intended for transplant.
- 3.6 **DK Transplant (Dual Kidney):** Dual organ kidney transplantation is when surgeons transplant two organs into the recipient at one time. This is often necessary for patients with multiple organ failure.
- 3.7 **DSA:** Donor-specific antibodies
- 3.8 **KDPI (Kidney Donor Profile Index):** A percentage score that provides an estimate of DD kidney quality based on ten relevant donor characteristics and it correlates with post-transplant graft survival.
- 3.9 **Expected Post-Transplant Survival (EPTS):** A score that is assigned to all adult kidney candidates on the waiting list and is based on several factors (age, diabetes mellitus, dialysis vintage, and previous history of solid organ transplant). A candidate's EPTS score can range from 0 to 100%.
- 3.10 **HSP (Henoch-Schönlein purpura):** It is a disorder that causes the small vessels in the skin, joints & kidneys to bleed. It is considered the most common form of renal vasculitis in childhood.
- 3.11 **SPK (Simultaneous pancreas and kidney transplant):** An operation to place both a kidney and a pancreas at the same time into a patient who has kidney failure related to type-1 diabetes.
- 3.12 **VHSP:** very highly sensitized patient.
- 3.13 **Dialysis:** A procedure to remove waste products and excess fluid from the blood when the kidneys stop working properly. It often involves diverting blood to a machine to be cleaned.

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- 3.14 CPRA (Calculated Panel Reactive Antibodies):** A formula used to determine what proportion of deceased donors a potential candidate may be immunologically incompatible with and unable to accept organs from.
- 3.15 CPR (Cardiopulmonary Resuscitation):** An emergency lifesaving procedure performed when the heart stops beating.
- 3.16 SCOT coordinator:** Health professionals appointed by SCOT waiting list management and organ allocation section: Clinical and nursing staff.
- 3.17 Kidney transplantation sub-committee:** It is a committee that branches from the national kidney transplantation committee and consists of 2 to 3 members from the national committee assigned for the allocation of exceptional cases.
- 3.18 Exceptional Cases:** Unique or urgent cases requiring a deviation from the standard allocation attributes.

#### 4. POLICY

- 4.1** The responsibility of Kidney Allocation relies solely on SCOT waiting list management and organ allocation section.
- 4.2** SCOT Organ Allocation Framework is designed to ensure fairness, optimize transplantation outcomes, and maximize the benefits for candidates in need.
- 4.3** SCOT kidney allocation policy mandates that kidney allocation considers the attributes of medical urgency, compatibility, waiting time, and organ utilization.
- 4.4 Medical Urgency:** SCOT policy requires that kidney allocation considers the level of medical urgency of candidates, ensuring that those with the most critical medical conditions are prioritized for transplantation.
- 4.4.1 Allocation for status 1 priority (urgent case status) \*: which is granted for cases that Lack access to dialysis due to:**
- 4.4.1.1 Failure of all vascular access for hemodialysis. (Failed Tunnel catheter at all side, Failed or not candidate of AVF and AVG at all side)
- 4.4.1.2 Lack of efficient Peritoneal Dialysis or patient is not candidate for Peritoneal Dialysis.
- \* To grant a status 1 priority (urgent case status),** transplant center(s) is/are requested to provide urgent and detailed medical report(s), highlighting the reason(s) for medical emergencies. This report should be endorsed by the Chairman or the Director of the transplant center to SCOT and must be reflected in the national waiting list registry/Platform.
- 4.4.2 Allocation for (Priority Cases) \*:** Which is granted for very highly sensitized patients (VHSP with CPRA of 98 – 100%)
- \*For highly sensitized patients to grant priority status on the national waiting list, transplant centers are requested to share their list of highly sensitized patient, ABO blood group stratified, unacceptable antigens (UA) and highly sensitized patients who are listed for a second or more grafts and the cause of their previous graft loss(es). These lists must be updated periodically (preferably every 3-6 months).



**4.4.3 Allocation based on KDPI (Kidney Donor Profile Index) following the sequence below:**

<b>Sequence A (KDPI ≤ 20%)</b>	<b>Sequence B (KDPI &gt; 20% &lt; 45%)</b>	<b>Sequence C (KDPI ≥45% ≤ 85%)</b>	<b>Sequence D (KDPI &gt; 85%)</b>
<ul style="list-style-type: none"> <li>▪ Medical Emergency (<b>status 1 priority</b>)</li> <li>▪ VHSP (CPRA: 98 – 100%)</li> <li>▪ Prior LD or primary graft failure from living donors.</li> <li>▪ Zero HLA MM (A, B, DR &amp; DQ MM)</li> <li>▪ Pediatric</li> <li>▪ Adult Top 20% EPTS</li> <li>▪ Adult</li> </ul>	<ul style="list-style-type: none"> <li>▪ Medical Emergency (<b>status 1 priority</b>)</li> <li>▪ VHSP (CPRA: 98 – 100%) *</li> <li>▪ Prior LD or primary graft failure from living donors.</li> <li>▪ Zero HLA MM (A, B, DR &amp; DQ MM)</li> <li>▪ Pediatric</li> <li>▪ Adult</li> </ul>	<ul style="list-style-type: none"> <li>▪ Medical Emergency (<b>status 1 priority</b>)</li> <li>▪ VHSP (CPRA: 98 – 100%) *</li> <li>▪ Prior LD or primary graft failure from living donors.</li> <li>▪ Zero HLA MM (A, B, DR &amp; DQ MM)</li> <li>▪ Adult</li> </ul>	<ul style="list-style-type: none"> <li><b>i. Single Kidney (SK)</b> <ul style="list-style-type: none"> <li>▪ Medical Emergency (<b>status 1 priority</b>)</li> <li>▪ Adult &gt; 65 years of age</li> </ul> </li> <li><b>ii. Dual Kidney (DK) **</b> <ul style="list-style-type: none"> <li>▪ Only for adults &gt; 65 years of age</li> </ul> </li> </ul>

\* **Only for candidates who accept** kidney offers from a DD with KDPI SCORE > 85%.

\*\*Decision to pursue DK versus SK or discard is center-based and could be based on either clinical or histological criteria.

**4.4.3.1 Pediatric deceased kidney donors:**

4.4.3.1.1 Kidney will be allocated as En Bloc If Donor Wt. <15 kg or if kidney is < 6.5 cm

4.4.3.1.2 Kidney will be allocated as single kidney if Donor Wt. > 15 kg or if the kidney is > 6.5 cm.

**4.4.4 If there were several recipients within the same medical urgency, other attributes will be considered during kidney allocation using Scoring Point System, attributes to be scored are:** Waiting Time, HLA Match, CPRA results and being Pediatric (Points are assigned as the CPRA sliding scale). [Table 1: scoring point system.](#)

[Table 2: CPRA sliding Scale.](#)

**4.4.4.1 How to use scoring points:**

4.4.4.1.1 Each patient on deceased donor waiting list will be given a score based on the sum of his points from the factors mentioned in table 1.

4.4.4.1.2 Patients with higher scores will be ranked higher during kidney allocation process.

Example: 40 years old male, on dialysis for 5 years, his PRA is 50% and he has Zero DR & DQ MM with the donor, his calculated score will be (5 + 0.45+ 2 = 7.45)

**4.4.5** If both kidneys from a deceased donor are able to be transplanted, the transplant hospital that received the primary offer for the candidate with higher priority on the waiting list will choose first which of the two kidneys it will receive.

**4.4.6 In the case of Simultaneous Pancreas and Kidney Transplant (SPK):**

4.4.6.1 Priority will be assigned to type 1 diabetes mellitus on maintenance dialysis.

4.4.6.2 Kidney will follow accepted Pancreas unless there is medical emergency priority status 1.

**4.4.6.3 In case of Simultaneous Liver and Kidney Transplant (SLK)** priority will be assigned to a candidate for liver transplant who demonstrates one of the following:

4.4.6.4 Requirement of maintenance dialysis for ≥ 6 weeks

4.4.6.5 chronic kidney disease with GFR < 30 for more than 3 months.

4.4.6.6 Kidney biopsy showing > 30% glomerulosclerosis or interstitial fibrosis.

4.4.6.7 Kidney will follow accepted Liver unless there is medical emergency priority status 1.



4.4.6.8 **In case of Simultaneous Heart and Kidney Transplant (SHK) priority** will be assigned to Candidates of heart transplants who demonstrates one of the following:

4.4.6.9 Requirement of maintenance dialysis for  $\geq 6$  weeks

4.4.6.10 Chronic kidney Disease with GFR  $< 30$  for more than 3 months

4.4.6.11 Kidney biopsy showing  $> 30\%$  glomerulosclerosis or interstitial fibrosis.

4.4.6.12 Kidney will follow accepted Liver unless there is medical emergency priority status 1.

#### **4.5 Compatibility:**

**4.5.1 Blood type compatibility between deceased donor and Recipient:** In general, blood group identity is emphasized for allocation from deceased kidneys donors. However, blood group compatibility might be allowed for certain categories (e.g. VHSP and kidney combined with other organs). Blood group B candidates may be eligible for non-A1, or non-A1B kidneys. This is based on anti A2 titer with threshold set by individual centers.

**4.5.2 HLA matching (virtual):** A kidney will be allocated to an HLA compatible recipient, defined by negative virtual cross-match. This means the recipient has no (DSA) above the thresholds set by the center. The recipient CPRA and donor HLA typing must be reviewed together. In cases where multiple recipients are compatible, priority in the allocation system will be given to the recipient with the better HLA match, as outlined in [Table 1](#).

#### **4.6 Waiting Time:**

**4.6.1** SCOT Kidney allocation policy emphasizes the consideration of waiting time in kidney allocation **within same the medical urgency**, ensuring that candidates who have been waiting for a longer duration are given priority to receive a kidney.

**4.6.2** It Is the sole responsibility of transplant centers to continuously update and submit their waiting list data to SCOT.

**4.6.3** 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.

**4.6.4** SCOT maintains authority over managing waiting lists, emphasizing the importance of accurate and timely data submissions to ensure fair organ allocation.

**4.6.5** Transplant centers are required to submit their waiting lists including all requested information as specified by SCOT based on the organ type.

#### **4.7 Organ Utilization:**

**4.7.1** To maximize organ utilization, factors such as the kidney's suitability for transplantation, the likelihood of a successful outcome, the proximity of candidates to the donor and logistical issues must be taken into consideration during kidney allocation.

**4.7.2** In the absence of urgency, the allocation process shall account for the distance and transportation feasibility between the donor and potential recipients to ensure efficient utilization of available organs (Shorter Cold ischemia time (CIT)).

**4.7.3** If the initial allocation process for the kidney was unsuccessful for any reason, SCOT takes full responsibility for ensuring that the organ is utilized effectively following SCOT's General Organ Allocation Policy

**4.8** Exceptional cases will be evaluated individually by the Kidney transplantation sub-committee, which will convene as needed when an exceptional case arises prior to the allocation process.

**4.9** Once the kidney is allocated, SCOT will not permit any changes to the kidney 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.

**4.10** SCOT coordinator in charge shall ensure that all correspondence, including emails, letters, and other forms of communication, are documented promptly and accurately with the dates & times.

**4.11** All documentation shall be handled in accordance with applicable privacy and data protection laws and regulations.

**4.12** Access to allocation documentation shall be limited to authorized personnel involved in the organ allocation process, maintaining confidentiality, and protecting sensitive information.

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- 4.13** 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 kidney. (Refer to [Table 4: Routine Donor Workup](#))
- 5.3** SCOT coordinator shall promptly review the case details, ensure data completion and diligently assess the viability of the kidney based on the established criteria. [Table 3: Kidney Acceptance Criteria](#)
- 5.4** Following the viability assessment, SCOT coordinator shall allocate the kidneys according to the allocation attributes outlined in this policy.
- 5.5** SCOT coordinator shall allocate the kidney to 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** SCOT coordinator shall promptly contact the coordinator at the patient's transplant center to make the kidney offer and provide all relevant donor information.
- 5.7** The transplant center has a maximum of 1 hour to initially accept the offer, during this period, the transplant center may request further investigations.
- 5.8** SCOT coordinator shall ensure that all necessary workups are done and submitted to the accepting transplant center effectively.
- 5.9** Any new data obtained during the workup process shall be promptly submitted to the initially accepting center.
- 5.10** Once the transplant center receives all necessary/requested data about the donor, they must provide a final acceptance or rejection within 1 hour using [\(Organ and Tissue Acceptance/Rejection form\)](#)
- 5.11** Failure to respond within 1 hour will exclude the center from the allocation of that kidney and will be considered as refusal.
- 5.12** In case of rejection, the transplant center must provide a valid reason for the rejection using [\(Organ and Tissue Acceptance/Rejection form\)](#)
- 5.13** The reason for rejection by the initially accepted center must be shared with the backup centers, informing the next backup center that they have become the primary center for the kidney.
- 5.14** During kidneys recovery, the primary transplant center may reject the kidney based on macroscopic examination.
- 5.14.1** 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.
- 5.15** The surgeon who recovered the kidneys shall fill the [deceased donor kidney recovery report](#).
- 5.16** If the kidney 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 Organ/Tissue Policy) (DDP-OSC-07).
- 5.17** If the kidney is transplanted, the transplant center shall complete the [Post Organ Transplantation Form](#) within 24 hours of the transplantation date.
- 5.18** SCOT coordinator responsible for allocation shall document the entire allocation process using [Organ Allocation Form](#).
- 5.19** The kidneys allocation process is considered concluded once the kidney has been successfully transplanted to the recipient.



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## 6. RESPONSIBILITIES

The responsibility of implementing and ensuring compliance with the developed Policy and Procedure lies with Donor Affairs & Organ Allocation Department at SCOT.

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## 7. SYNOPSIS OF CHANGE

New

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## 8. APPENDICES

- 8.1 [Table 1: Scoring Point System](#)
- 8.2 [Table 2: CPRA Sliding Scale](#)
- 8.3 [Table 3: Kidneys Acceptance Criteria](#)
- 8.4 [Table 4: Routine donor workup](#)
- 8.5 [Organ and Tissue Acceptance/Rejection form](#)
- 8.6 [Deceased donor kidney recovery report](#)
- 8.7 [Deceased Organ Discard report](#)
- 8.8 [Post Organ Transplantation Form](#)
- 8.9 [Organ Allocation Form.](#)

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## 9. REFERENCES

- 9.1 OPTN, "Organ Procurement and Transplantation Network (OPTN) Policies." Aug. 01, 2023. [Online]. Available: [https://optn.transplant.hrsa.gov/media/eavh5bf3/optn\\_policies.pdf](https://optn.transplant.hrsa.gov/media/eavh5bf3/optn_policies.pdf)
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- 9.3 SCOT, "Directory of the Regulations of Organ Transplantation in the Kingdom of Saudi Arabia." 2023. [Online]. Available: [www.SCOT.gov.sa](http://www.SCOT.gov.sa)
- 9.4 Massie A, Segev D. Survival benefit of deceased donor transplantation with high-KDPI kidneys. American Journal of Transplantation. 2013; 13:124-125.
- 9.5 Stewart D, Kucheryavaya A, Klassen D, et al. Changes in deceased donor kidneys transplantation one year after KAS implementation. Am J Transplant 2016; 16(6):1834-1847.



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Saudi Center for Organ Transplantation

# APPENDIXES





## 10. Kidney Transplantation Scientific Committee

**Dr. Abdulrahman Altheaby (Chairman):**

Consultant Nephrologist, renal and pancreases transplantation King Abdulaziz Medical City and National Guard Hospital, Riyadh

**Dr. Sultan Al Dalbahi (ViceChairman):**

Nephrology and Renal Transplant Consultant - Prince Sultan Military Medical City, Riyadh

**Dr. Mutaab Al Baqmi:**

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**Dr. Wael Habhab:**

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**Dr. Rezqah Aldhaferi:**

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**Dr. Hassan Al Eid:**

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**Dr. Ali Al Yami:**

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**Dr. Mahmoud Ali Obaid:**

Consultant Transplant Surgeon King Fahad Specialist Hospital - Dammam

**Dr. Al Anood Al Shami:**

Pediatric Kidney Transplant Consultant – King Fahad Specialist Hospital, Dammam



**Table 1: Scoring Point System:**

Factor	Points	Condition
Waiting Time	1 for each year of waiting*	starting from the time of dialysis initiation
HLA Match	4	Zero HLA MM (A, B, DR & DQ MM)
	2	Zero DR & DQ MM
	1	Zero A, B MM
CPRA	Points are assigned as the CPRA sliding scale (Table 2)	
Pediatric	5	

\*Patients on maintenance dialysis will accrue waiting time points from the time they initiate dialysis.

**Table 2: CPRA Sliding Scale:**

CPRA	Points
0-19	0
20-29	0.08
30-39	0.21
40-49	0.34
50-59	0.48
60-69	0.81
70-74	1.09
75-79	1.58
80-84	2.46
85-89	4.05
90-94	6.71
95	10.82
96	12.17
97	17.3
98	24.4
99	50.09
100	202.1



**Table 3: Kidney Acceptance Criteria:**

<b>Kidney Acceptance Criteria</b>
<p><b>The kidneys of the deceased's donor are considered valid for donation except in the following cases:</b></p> <ul style="list-style-type: none"><li>• Age above 50 years with history of type 1 diabetes for more than 20 years</li><li>• Polycystic kidney disease</li><li>• Glomerulosclerosis greater than or equal to 20% by kidney biopsy</li><li>• Advanced chronic kidney disease</li></ul> <p><b>Discuss with transplant centers or request more investigation in the following cases:</b></p> <ul style="list-style-type: none"><li>• Presence of a higher level of creatinine (2.5 mg/dL) in the deceased donors, despite adequate fluid replacement.</li><li>• Donor with hepatitis B antigen (HbsAg) +ve could be considered to immune recipient against hepatitis B or C or carrying the antigen itself if they do not have active hepatitis.</li></ul>



**Table 4: Routine donor workup:**

<b>A. Routine workups to all donors that should be done during case follow up</b>							
<b>Routine Workups</b>	<ul style="list-style-type: none"> <li>▪ Blood culture</li> <li>▪ Urine culture</li> <li>▪ Throat culture</li> <li>▪ Serology</li> </ul>	<ul style="list-style-type: none"> <li>▪ Blood type</li> <li>▪ Liver enzyme</li> <li>▪ Electrolyte</li> <li>▪ CBC</li> </ul>	<ul style="list-style-type: none"> <li>▪ Blood gases</li> <li>▪ HLA <b>(Only to be done after the consent obtained)</b></li> <li>▪ Surveillance MRSA: Groin, Axilla, Nasal</li> </ul>				
<b>B. Routine workups to all donors by organ/tissue</b>							
<b>Organs</b>	<b>Lung</b>	<b>Heart</b>	<b>Liver</b>	<b>Kidney</b>	<b>Pancreases</b>	<b>Intestinal</b>	<b>Cornea</b>
<b>Routine Workups</b>	<ul style="list-style-type: none"> <li>▪ Challenge test</li> <li>▪ Chest x-ray</li> <li>▪ CT lung windows</li> <li>▪ Bronchoscopy</li> <li>▪ TB PCR from tracheal aspirate</li> <li>▪ Pneumonia panel</li> <li>▪ Covid test</li> </ul>	<ul style="list-style-type: none"> <li>▪ Cardiac Cath</li> <li>▪ Echo</li> <li>▪ ECG</li> </ul>	<ul style="list-style-type: none"> <li>▪ Liver function tests with bilirubin</li> <li>▪ Coagulation profile</li> <li>▪ GGT</li> <li>▪ Albumin</li> <li>▪ US/ CT abdomen</li> </ul>	<ul style="list-style-type: none"> <li>▪ kidney function tests</li> <li>▪ electrolytes</li> <li>▪ US/CT Abdomen</li> <li>▪ Total intake/output</li> </ul>	<ul style="list-style-type: none"> <li>▪ Amylase</li> <li>▪ Lipase</li> <li>▪ HbA1c</li> <li>▪ US/ CT Abdomen</li> </ul>	<ul style="list-style-type: none"> <li>▪ Abd girth</li> <li>▪ Amylase</li> <li>▪ Lipase</li> </ul>	<ul style="list-style-type: none"> <li>▪ Serology specially, HBc antibodies.</li> </ul>



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



SCOT		Deceased Kidney Recovery Report		المركز السعودي لزراعة الأعضاء Saudi Center for Organ Transplantation					
SCOT	<b>Donor info</b>								
	Hospital <input type="text"/>								
	Name <input type="text"/>		SCOT Case No. # <input type="text"/>						
	Age # <input type="text"/>		Blood Group <input type="text"/>						
Nationality <input type="text"/>		OR recovery Date/Time <input type="text"/>							
SCOT	Skin Incision Date/Time <input type="text"/>		Dialysis <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Other <input type="text"/>						
	Cross Clamp Date/Time <input type="text"/>		Cardiac Arrest <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Other <input type="text"/>						
	Vital signs BP <input type="text"/> Temp <input type="text"/> HR <input type="text"/> CVP <input type="text"/>		KDPI <input type="text"/>		KDRI <input type="text"/>				
	BUN <input type="text"/>	Creatinine <input type="text"/>	Na <input type="text"/>	K <input type="text"/>	Chloride <input type="text"/>	GFR <input type="text"/>	Height <input type="text"/>	weight <input type="text"/>	BMI <input type="text"/>
<input type="checkbox"/> CT <input type="checkbox"/> US		24 hr Urine Output <input type="text"/> L			+ve Culture <input type="text"/>				
The kidneys were removed <input type="checkbox"/> Enbloc <input type="checkbox"/> Separately, and placed in sterile ice prior to packaging									
Surgeon	<input type="radio"/> Right Kidney			<input type="radio"/> Left Kidney					
	<b>Arteries</b> Number: <input type="text"/> Pulse: <input type="text"/> <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Aortic Plaque <input type="checkbox"/> Arterial Plaque <input type="checkbox"/> Infarcted Area			<b>Arteries</b> Number: <input type="text"/> Pulse: <input type="text"/> <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Aortic Plaque <input type="checkbox"/> Arterial Plaque <input type="checkbox"/> Infarcted Area					
	<b>Veins</b> Number: <input type="text"/> Pulse: <input type="text"/> <input type="checkbox"/> Capsule Intact <input type="checkbox"/> Sub-capsular hematoma			<b>Veins</b> Number: <input type="text"/> Pulse: <input type="text"/> <input type="checkbox"/> Capsule Intact <input type="checkbox"/> Sub-capsular hematoma					
	Ureter <input type="checkbox"/> Long <input type="checkbox"/> Short <input type="checkbox"/> Cyst/Discoloration <input type="checkbox"/> Kidney Biopsy			Ureter <input type="checkbox"/> Long <input type="checkbox"/> Short <input type="checkbox"/> Cyst/Discoloration <input type="checkbox"/> Kidney Biopsy					
Bx <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="text"/> Report <input type="text"/>									
Transplant Center Coordinator									
	<b>Prefusion Quality during recovery</b> <input type="checkbox"/> Excellent <input type="checkbox"/> Good <input type="checkbox"/> Poor		<b>Prefusion Quality Prior to Tx surgery</b> <input type="checkbox"/> Normal <input type="checkbox"/> None <input type="checkbox"/> Reduced		<b>Consistency</b> <input type="checkbox"/> Normal <input type="checkbox"/> Tense <input type="checkbox"/> Indured				
	perfusion machine <input type="checkbox"/> Yes <input type="checkbox"/> No		Pressure <input type="text"/>	Flow <input type="text"/>	Resistance <input type="text"/>	Temperature <input type="text"/>			
	Note <input type="text"/>								
Surgeon	<b>Final Decision</b>								
	<input type="checkbox"/> Accepted <input type="checkbox"/> Rejected <input type="checkbox"/> Pending (specify) <input type="text"/>								
	<b>Rejected</b> <input type="checkbox"/> poor perfusion <input type="checkbox"/> Vascular	<input type="checkbox"/> Prolonged ischemia time	<input type="checkbox"/> Bx findings (specify) <input type="text"/>	<input type="checkbox"/> other (specify) <input type="text"/>					
SCOT	Transplant Surgeon Name <input type="text"/>		Signature <input type="text"/>		Date/Time <input type="text"/>				
	SCOT Coordinator Name <input type="text"/>		Signature <input type="text"/>		Date/Time <input type="text"/>				



## Deceased Organ Discard Report

### Donor Demographics

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

Discarded Organ:

- Kidney       Liver       Heart       Lungs  
 Pancreas       Small Bowel       Corneas       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="checkbox"/> 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.



## Post Kidney Transplantation

### Recipient Information

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

### Donor Information

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





المركز السعودي لزراعة الأعضاء  
Saudi Center for Organ Transplantation

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