



Brain Death Potential Organ Donor form

Hospital :NICU () ICU () CCU () Bed No.

Tel .No :Ext:.....

Reported () Called ()

Information Conveyed By :..... Tel .No : ...

Treating Physician:.....Tel .No :

Potential Donor Name :..... **Blood Group : ()**

Age :Sex (M) (F).....WieghtKgsHeigthCm

NationalityOccupation :.....Medical record No.

Referred from:

Date of Admission :

Date of ventilation:

Causes of brain death () Mechanism Of Death () Circumstances Of Death ()

Diagnosis :

1st Clinical Exam () Date : Time :

Signed By : (1).....Specialty

Signed By (2).....Specialty :.....

EEG ()Read by :Date:

C Ang . ().....

2nd Clinical Exam () Date : Time :

Apnea Test () Positive () Negative ()

Documented : Yes () No () Date :Time :

Past History :-

Diabetes (Y) (N) Duration Previous Chest Surgery (Y) (N) Malignancy (Y) (N)

Hypertention (Y) (N) Duration Chronic Liver Disease (Y) (N) Drug Addiction (Y) (N)

Renal Disease (Y) (N) Abdominal Surgery (Y) (N) Heavy Smoking (Y) (N)

Cardiac Disease (Y) (N) Neurology disease (Y) (N) Prolonged (Y) (N)

Chronic Lung Disease (Y) (N) Eye Disease or Surgery (Y) (N) Steroids Use (Y) (N)

Initial Potential Donor Assessment :

Period (s) Of Hypotension Date:ReadingsPeriod

Hashemite Kingdom of Jordan
Ministry of Health
Jordanian Center of Organs Transplantation
Directorate (JCOTD)



المملكة الأردنية الهاشمية
وزارة الصحة
مديرية المركز الأردني لزراعة الأعضاء

CT scan Comment :

ECG Normal (Y) (N) Comment :

Heart Examination Comment :

Cardiac Arrest (Y) (N) Duration:

Echo cardiology Comment:

Chest Trauma (Y) (N) Comment :

Chest X- Ray Normal (Y) (N) Comment :

Abdominal scars /Operations (Y) (N) Comment :

Abdominal U / S Comment :

Eye Examination Comment :(Eye ointment).....

Information Taken by :

Dr :

Mr :