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Etnia: | | | | | | Nacionalidad: | | | | | | | | | | | Regional Generadora: | | | | | | | | | | IPS Generadora: | | | | | | | | | | | | | | | Fecha y hora de ingreso a IPS: | | | | | | | | | | Servicio: | | | | | | | | | | | Grupo Sanguíneo y Rh: | | | | Día | Mes | | | | | | Año | | | Urgencias | | | | | UCI | | | Otro (Cuál) | | |  | | | | **DATOS DE LA MUERTE** | | | | | | | | | | | | | | | | | | | | | | | | | Fecha y hora de la muerte | | | | | | | | | | | | | | | | TAC cráneo:  (SI / NO)  Resultado: | | | | | | | | | Día | Mes | | | | | | Año | | | Hora | | | | | | | Causa de Muerte | | | | | | | | | | | | | | | | | **Diagnóstico principal** | **CIE-10** | | | **Otros diagnósticos** | | | | | | | | | | | | | | | | | | | | | TCE |  | | |  | | | | | | | | | | | | | | | | | | | | | ECV |  | | |  | | | | | | | | | | | | | | | | | | | | | EHI |  | | |  | | | | | | | | | | | | | | | | | | | | | Tumor |  | | |  | | | | | | | | | | | | | | | | | | | | | Otra |  | | |  | | | | | | | | | | | | | | | | | | | | | **ANTECEDENTES** | | | | | | | | | | | | | | | | | | | | | | | | | **Tipo** | | | | **Descripción** | | | | | | | | | | | | | | | | | | | | | Hipertensión arterial | | | |  | | | | | | | | | | | | | | | | | | | | | Diabetes mellitus | | | |  | | | | | | | | | | | | | | | | | | | | | Cáncer | | | |  | | | | | | | | | | | | | | | | | | | | | Dislipidemia | | | |  | | | | | | | | | | | | | | | | | | | | | Otros patológicos | | | |  | | | | | | | | | | | | | | | | | | | | | Tabaquismo | | | |  | | | | | | | | | | | | | | | | | | | | | Drogadicción | | | |  | | | | | | | | | | | | | | | | | | | | | Alcoholismo | | | |  | | | | | | | | | | | | | | | | | | | | | Quirúrgicos | | | |  | | | | | | | | | | | | | | | | | | | | | Traumáticos | | | |  | | | | | | | | | | | | | | | | | | | | | Familiares | | | |  | | | | | | | | | | | | | | | | | | | | | Hospitalarios | | | |  | | | | | | | | | | | | | | | | | | | | | Ginecoobstétricos | | | |  | | | | | | | | | | | | | | | | | | | | | Farmacológicos | | | |  | | | | | | | | | | | | | | | | | | | | | **Tatuajes o piercing**  Número:  Mes y año del más reciente: | | | | **Suministro de nutrición enteral** (Días): | | | | | | | | | | | | | **Tiempo de ventilación mecánica** (Días): | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | |  |  | | --- | --- | | **Hospitalización actual** | | | Fiebre  **Si /No** | Manejo | | RCP  **Si / No** | Manejo | | Hipotensión  **Si / No** | Manejo | | Infección  **Si / No** | Antibióticos profilácticos o terapéuticos: | | Intervenciones quirúrgicas  **Si / No** | Cuáles: | | Otros hallazgos  **Si / No** | Cuáles: | | | | | | | | | | | | | | | | | | | | | | | | | | **EXAMEN FÍSICO** | | | | | | | | | | | | | | | | | | | | | | | | | Peso (Kg) | | | | | | Talla (Cms) | | | | | | | | | Perímetro Abdominal (Cms) | | | | | Perímetro Torácico(Cms) | | | | | **Lesiones del cuerpo**   |  |  |  | | --- | --- | --- | | Parte del cuerpo | Tipo de lesión | Descripción | |  |  |  | |  |  |  | |  |  |  | |  |  |  | |  |  |  | |  |  |  | |  |  |  | |  |  |  | |  |  |  | | | | | | | | | | | | | | | | | | | | | | | | | | **Observaciones:** | | | | | | | | | | | | | | | | | | | | | | | | | **MANTENIMIENTO DEL DONANTE** | | | | | | | | | | | | | | | | | | | | | | | | | Tensión arterial: | | | | | Media: | | | | | | | | | | Frecuencia cardiaca: | | | | | Frecuencia respiratoria: | | | | | Temperatura (C°) | | | | | SaO2 (%) | | | | | | | | | | Diuresis (cc/h) | | | | | | | | | | **Líquidos endovenosos:**   |  |  | | --- | --- | | **Tipo** | **Cantidad** | |  |  | |  |  | |  |  | |  |  | |  |  | | | | | | | | | | | | | | | | | | | | | | | | | | **Unidades trasfundidas:**   |  |  |  |  | | --- | --- | --- | --- | | **GRE:** |  | **Fecha y hora:** |  | | **PFC:** |  | **Fecha y hora:** |  | | **Unidades de plaquetas:** |  | **Fecha y hora** |  | | | | | | | | | | | | | | | | | | | | | | | | | | **Ayudas diagnósticas:** | | | | | | | | | | | | | | | | | | | | | | | | | Rx Tórax: | | | | | | | | | | | | | Eco. Abdominal: | | | | | | | | | | | | ECG: | | | | | | | | | | | | | Ecocardiograma: | | | | | | | | | | | | Otras Ayudas: | | | | | | | | | | | | | | | | | | | | | | | | | **Medicamentos (vasopresores, antibióticos, etcétera):** | | | | | | | | | | | | | | | | | | | | | | | | | 1. | | | Inicio | | | | | | | Fin | | | | | | | | Dosis Máxima | | | | | | | 2. | | | Inicio | | | | | | | Fin | | | | | | | | Dosis Máxima | | | | | | | 3. | | | Inicio | | | | | | | Fin | | | | | | | | Dosis Máxima | | | | | | | 4. | | | Inicio | | | | | | | Fin | | | | | | | | Dosis Máxima | | | | | | | 5. | | | Inicio | | | | | | | Fin | | | | | | | | Dosis Máxima | | | | | | | 6. | | | Inicio | | | | | | | Fin | | | | | | | | Dosis Máxima | | | | | | | 7. | | | Inicio | | | | | | | Fin | | | | | | | | Dosis Máxima | | | | | | | **CAMPOS OBLIGATORIOS EN PROTOCOLO DE MUERTE ENCEFÁLICA**   |  |  |  |  |  | | --- | --- | --- | --- | --- | | **Diagnóstico muerte encefálica** | **Fecha** | **Hora** | **Nombre y apellido del médico** | **Especialidad** | | Primer diagnóstico |  |  |  |  | | Segundo diagnóstico |  |  |  |  | | Pruebas auxiliares: | | | | |  |  |  | | --- | --- | | Departamento y municipio de nacimiento: |  | | Departamento y municipio de residencia: |  | | Estrato socioeconómico: |  | | Régimen**:** |  | | EPS: |  |   \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Firma y nombre Médico Coordinador Profesional responsable en el CRT  **ESTUDIOS PRETRASPLANTE DEL DONANTE DE ÓRGANOS**  **Requerimientos de traslado de muestras:**  Aéreo a una ciudad \_\_ Aéreo a más de una ciudad \_\_ Solo traslado terrestre \_\_ Ningún traslado \_\_  **Tipo y cantidad de muestras enviadas:**  Mucosa yugal  Otro (Cuál)  Sangre  Bazo  Ganglios  Hora: \_\_\_\_\_ Hora: \_\_\_\_\_ Hora: \_\_\_\_\_\_ Hora: \_\_\_\_\_\_ Hora:\_\_\_\_\_ | | | | | | | | | | | | | | | | | | | | | | | | | **RESULTADOS DE LABORATORIO CLÍNICO**  Fecha y Hora de reporte \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Laboratorio que reporta: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | | | | | | | | | | | | | | | | **Cuadro Hemático** | | | | | | | | | | | **Química sanguínea** | | | | | | | | | | | **Gases Arteriales** | | | Hb | | | | | | | | |  | | Creatinina | | | | | | | |  | | | pH |  | | Hto% | | | | | | | | |  | | Bun (NU) | | | | | | | |  | | | pCO2 |  | | Leucocitos | | | | | | | | |  | | ALT / GPT | | | | | | | |  | | | pO2 |  | | Linfocitos | | | | | | | | |  | | AST /GOT | | | | | | | |  | | | H2CO3 |  | | Neutrófilos | | | | | | | | |  | | Bilirrubina Total | | | | | | | |  | | | BE |  | | Basófilos | | | | | | | | |  | | Bilirrubina Directa | | | | | | | |  | | | **Coagulación** | | | Monocitos | | | | | | | | |  | | Bilirrubina Indirecta | | | | | | | |  | | | PT |  | | Cayados | | | | | | | | |  | | Amilasa | | | | | | | |  | | | PTT |  | | Eosinófilos | | | | | | | | |  | | Glicemia | | | | | | | |  | | | INR |  | | Plaquetas | | | | | | | | |  | | CPK | | | | | | | |  | | | **Parcial de Orina** | | | **Electrolitos** | | | | | | | | | | | CPK – MB | | | | | | | |  | | |  | | | Sodio | | | | | | | | |  | | LDH | | | | | | | |  | | | | Potasio | | | | | | | | |  | | GGT | | | | | | | |  | | | **Cultivos** | | | Cloro | | | | | | | | |  | | Fosfatasa Alcalina | | | | | | | |  | | |  | | | Calcio | | | | | | | | |  | | Albumina | | | | | | | |  | | | | Otros | | | | | | | | |  | | Troponina | | | | | | | |  | | | | Observaciones: | | | | | | | | | | | | | | | | | | | | | | | | | **RESULTADOS DEL PERFIL INFECCIOSO**    Fecha y Hora de reporte \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Laboratorio que reporta: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | | | | | | | | | | | | | | | | HVC / Ac Hepatitis C | | | | | | | | | | | | Chagas | | | | | | | | | | | | | HBs Ag / Antígeno superficie Hepatitis B | | | | | | | | | | | | RPR / VDRL/ Serología para Sífilis | | | | | | | | | | | | | HB ANTIC Ags /Ac Anti- Antígeno Superficie HB (AUSAB) | | | | | | | | | | | | HIV / Ac VIH | | | | | | | | | | | | | HB Anticore Total/ Ac Hepatitis Anti Core Total | | | | | | | | | | | | Toxoplasma IgG/ Ac Toxoplasma IgG | | | | | | | | | | | | | HB Anticore IgG / Ac anticore IgG HB | | | | | | | | | | | | Toxoplasma IgM/ Ac Toxoplasma IgM | | | | | | | | | | | | | HB Anticore IgM/ Ac anticore IgM HB | | | | | | | | | | | | HTLV 1/ Ac Virus linfotrópico de células T Humanas | | | | | | | | | | | | | CMV IgG / Ac Citomegalovirus IgG | | | | | | | | | | | | HTLV2/ Ac Virus linfotrópico de células T Humanas | | | | | | | | | | | | | CMV IgM/ Ac Citomegalovirus IgM | | | | | | | | | | | | Epstein Barr/ Ac Epstein Barr | | | | | | | | | | | | | Otra: | | | | | | | | | | | | | | | | | | | | | | | | | Observaciones: | | | | | | | | | | | | | | | | | | | | | | | | | **RESULTADOS DE INMUNOLOGÍA – HLA**  Fecha y Hora de reporte \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Laboratorio que reporta: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | | | | | | | | | | | | | | | | **A1** | | | | | | | | | | | | | **B1** | | | | | **DR1** | | | | | | | **A2** | | | | | | | | | | | | | **B2** | | | | | **DR2** | | | | | |   Observaciones:  **CONSENTIMIENTO INFORMADO FAMILIAR**  (Aplica únicamente en colombianos menores de 18 años y extranjeros no residentes en Colombia).  Fecha: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Hora: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Ciudad: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **Nosotros**:   |  |  |  | | --- | --- | --- | | **Nombres y apellidos** | **Documento de identidad** | **Parentesco** | |  |  |  | |  |  |  |   Mayores de edad y en pleno uso de nuestras facultades mentales, como representantes legales de \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, quien en vida se identificó con documento de identidad tipo \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, número \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, expedido en \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, a quien se le ha confirmado el fallecimiento por criterios de Muerte Encefálica o Parada Cardiorrespiratoria, declaramos que:   1. Hemos sido plenamente informados por parte del médico tratante sobre el diagnóstico de nuestro familiar. Entendemos y aceptamos las obligaciones de ley relacionadas con el trato digno de su cuerpo y se nos ha informado con detalle acerca de los trámites a seguir. 2. Se nos explicó a cabalidad la Ley 1805 de 2016 y las necesidades actuales relacionadas con la donación de componentes anatómicos con fines de trasplante, así como las posibilidades de su uso para docencia o investigación, en caso de que los órganos y tejidos extraídos no pudieren ser trasplantados. 3. Así mismo, se nos explicaron las posibilidades de que \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ se convierta en donante real y los procedimientos quirúrgicos requeridos para obtener los componentes anatómicos que podrían ayudar a otras personas. Se nos permitió resolver todas las preguntas e inquietudes formuladas libremente y comprendimos a cabalidad los pasos a seguir dentro del proceso de donación, incluyendo el riesgo excepcional de que los componentes anatómicos donados no puedan ser efectivamente utilizados, por causas médicas o de otra índole.   Por todo lo anterior, de manera libre, consciente e informada, sin requerir ningún tipo de retribución, autorizamos a la Red Nacional de Donación y Trasplantes la extracción de los componentes anatómicos que pueden ayudar a otras personas, de la siguiente manera:   |  |  |  |  | | --- | --- | --- | --- | | **Finalidad** | **SI** | **NO** | **Observaciones o restricciones** | | Trasplante |  |  |  | | Investigación |  |  |  | | Docencia |  |  |  |   Entendemos y aceptamos que durante los procedimientos quirúrgicos abdominales se tomarán muestras de bazo y ganglios linfáticos para procesamiento de las pruebas de inmunología y genética que se requieran en este caso. Igualmente, autorizamos a los profesionales de la Red Nacional de Donación y Trasplantes a realizar todos los procedimientos quirúrgicos necesarios y entendemos que, inmediatamente después, están obligados a enviar el cuerpo a la autoridad competente en los casos en los que se requiere la necropsia médico legal.  En constancia firmamos:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Nombre del Representante Legal Firma CC No. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Parentesco: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Nombre del Representante Legal o Testigo Firma  CC No. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Parentesco: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Entrevistador principal autorizado por el INS Firma y registro médico  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Segundo entrevistador (Opcional) Firma y cédula  **REGISTRO DE ENTREVISTA FAMILIAR**   |  |  | | --- | --- | | Fecha entrevista: |  | | Lugar: |  | | Hora de inicio: |  | | Hora de finalización: |  | | Correos electrónicos autorizados por la familia para mantener contacto: |  | | Teléfonos autorizados por la familia para mantener contacto: |  |   Yo \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, identificado con cédula de ciudadanía No.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, en calidad de entrevistador principal del equipo de gestión operativa de donación e inscrito ante la Red de Donación y Trasplantes, en representación de la institución \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, manifiesto que, según el resultado de la consulta del Registro Nacional de Donantes (RND) a cargo del Instituto Nacional de Salud (INS), **NO EXISTE** registro de oposición en vida a la presunción legal de donación por parte de la persona fallecida identificada como \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, con el documento de identidad tipo \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, No. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, de \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_. He recibido el Certificado de Consulta correspondiente, enviado por el profesional del Centro Regulador de Trasplantes \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, vía \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ siendo las \_\_\_:\_\_\_ del día \_\_\_\_del mes \_\_\_\_\_ del año \_\_\_\_\_\_\_\_\_.  Dejo constancia de que, tras la consulta del RND y siguiendo las recomendaciones para la entrevista familiar de donación emitidas por el Ministerio de Salud y el INS, he realizado todas las acciones posibles para dar continuidad al proceso de donación, indagando sobre la existencia de Voluntades Anticipadas y contactando a las siguientes personas que, según la información disponible, son familiares o allegados de la persona fallecida en mención:   |  |  |  | | --- | --- | --- | | **Nombres y apellidos** | **Documento de identidad** | **Parentesco** | |  |  |  | |  |  |  | |  |  |  | |  |  |  |   Durante la entrevista, procedí a informarle a estas personas sobre la calidad de donante de su familiar y la necesidad o no de obtener su consentimiento por escrito, para poder proceder con la extracción de componentes anatómicos para trasplante. Así mismo, se les proporcionó información suficiente sobre la existencia, beneficios, alcance y objeto de la Ley Estatutaria en Salud, Ley 1733 de 2014 y Ley 1805 de 2016 en materia de donación de órganos y tejidos con fines de trasplante. Sobre la Ley 1805 de 2016, se informó textualmente en el trascurso de la entrevista que:  *“Se presume que se es donante cuando una persona durante su vida se ha abstenido de ejercer el derecho que tiene de oponerse a que de su cuerpo se extraigan órganos, tejidos o componentes anatómicos después de su fallecimiento. La voluntad de donación expresada en vida por una persona solo podrá ser revocada por ella misma y no podrá ser sustituida por sus deudos o familiares.”*  Bajo las condiciones propias de la IPS Generadora, se dio espacio a la familia para hacer preguntas, se aclararon las dudas e inquietudes expresadas y se estableció en todo lo posible una relación terapéutica de ayuda y empatía, con el fin de acompañar y atender las circunstancias propias de la fase inicial del duelo. Así mismo, en concordancia con lo establecido en la [Circular 007 de 2017](https://www.minsalud.gov.co/Normatividad_Nuevo/Circular%200007%20de%202017.pdf) del Ministerio de Salud, para velar por la veracidad y suficiencia de la información, con el fin de garantizar un proceso de donación efectivo y seguro para todos los involucrados, durante el desarrollo de la entrevista se buscó información relevante del donante, documentando la existencia de factores de riesgo comportamentales, enfermedades preexistentes, consumo de medicamentos o sustancias psicoactivas o exposición a sustancias químicas, historia de transfusiones, antecedentes de viajes, entre otras que pudieran contraindicar la extracción efectiva de componentes anatómicos. En consecuencia, se constató la existencia de los siguientes riesgos, potencialmente atribuibles a la extracción y uso de los componentes anatómicos:   |  |  |  |  | | --- | --- | --- | --- | | **Población en riesgo** | **SI** | **NO** | **Descripción:** | | Familia en duelo |  |  |  | | Receptores |  |  |  | | Equipo tratante |  |  |  | | Equipo de la Red de Donación y Trasplantes |  |  |  |   **Resultados y observaciones:**  Considerando los riesgos anteriormente citados, en este caso **SI\_\_\_ NO\_\_\_** está contraindicada la extracción con fines de trasplante de los siguientes componentes anatómicos:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Adicionalmente, este caso **SI\_\_\_ NO\_\_\_** debe registrarse como una negativa familiar, para los fines legales, administrativos, estadísticos o de cualquier índole que resulten pertinentes al caso.  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Entrevistador principal autorizado por el INS Firma y cédula  **EVALUACIÓN DE LAS CONDICIONES DE LA ENTREVISTA FAMILIAR**     |  |  |  |  | | --- | --- | --- | --- | | **Preparación previa** | SI | NO | N/A | | El equipo médico tratante brindó a la familia del paciente información adecuada, completa y pertinente acerca de la evolución durante todo el proceso asistencial y sobre el diagnóstico de muerte encefálica. |  |  |  | | El equipo tratante brindó al equipo de donación información oportuna, adecuada, completa y pertinente acerca del estado del donante. |  |  |  | | Se contó con un espacio adecuado para realizar la entrevista familiar |  |  |  | | La institución facilitó el acceso y acompañamiento de la familia a su familiar fallecido, durante todo el proceso asistencial. |  |  |  | | **Desarrollo de la entrevista** |  |  |  | | Existió alguna comunicación sobre donación con la familia antes de la llegada del equipo de gestión operativa de donación a cargo de la entrevista familiar |  |  |  | | Se requirió que el entrevistador aclarara el concepto de muerte encefálica u otros aspectos relacionados con diagnóstico y tratamiento del paciente |  |  |  | | La familia entendió oportunamente que su ser querido está muerto |  |  |  | | La familia tuvo oportunidad de expresar sus sentimientos ante la pérdida |  |  |  | | Los familiares presentes en la entrevista manifestaron preocupación por la reacción de algún miembro de la familia ante la pérdida de su ser querido |  |  |  | | La familia entendió oportunamente que su ser querido es o podría ser donante de órganos o tejidos para trasplante |  |  |  | | La familia tuvo oportunidad de expresar sus sentimientos ante la donación |  |  |  | | Se aclararon las dudas planteadas por la familia acerca de los procesos de donación y trasplantes |  |  |  | | Los familiares presentes en la entrevista manifestaron preocupación por la reacción de algún miembro de la familia ante el proceso de extracción de componentes anatómicos |  |  |  | | Durante la entrevista se identificó algún caso de ideación suicida en la familia del donante que conllevó una acción específica por parte del equipo a cargo del caso |  |  |  | | Se identificaron o la familia reportó durante la entrevista antecedentes de enfermedad mental diagnosticada en el entorno familiar. |  |  |  | | La familia colaboró suministrando información de antecedentes del donante. |  |  |  | | La familia solicitó información detallada acerca de los componentes que se iban a extraer y manifestó rechazo ante la posibilidad de que se obtuviera algún órgano o tejido específico. |  |  |  | | Uno o varios miembros de la familia se mostraron explícitamente opuestos ante la posibilidad de extraer órganos del donante |  |  |  | | Uno o varios miembros de la familia se mostraron explícitamente opuestos ante la posibilidad de extraer tejidos del donante |  |  |  | | La familia manifestó inconformidad o presentó una queja explícita relacionada con el proceso asistencial. |  |  |  | | La familia agradeció el proceso de entrevista realizado |  |  |  |   **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **Entrevistador principal Segundo entrevistador** |
| **ÓRGANOS Y TEJIDOS ACEPTADOS PARA RESCATE**   |  |  |  | | --- | --- | --- | | **Componente** | **Institución responsable del rescate** | **Causa de no obtención (Si aplica)** | | Corazón: |  |  | | Riñón: |  |  | | Hígado: |  |  | | Páncreas: |  |  | | Intestino: |  |  | | Pulmón: |  |  | | Tejidos oculares: |  |  | | Tejidos osteomusculares: |  |  | | Tejidos cardiovasculares: |  |  | | Piel: |  |  | | Otros: |  |  | |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Fecha y hora programada de inicio del rescate: | | | | |
| Fecha y hora real de inicio del rescate: | | | | |
| Fecha y hora de clampeo (Si aplica): | | | | |
| Fecha y hora real de finalización del rescate: | | | | |
| Fecha y hora de entrega del cuerpo restituido al personal de la IPS: | | | | |
| **Observaciones:**  **LISTADO DE PROFESIONALES RESPONSABLES – ÓRGANOS** | | | | |
| **Procedimiento** | **Cirujano** | **Cirujano** | **Ayudante** | **Instrumentación** |
| Cardiectomía |  |  |  |  |
| Neumonectomía |  |  |  |  |
| Hepatectomía |  |  |  |  |
| Nefrectomía |  |  |  |  |
| Pancreatectomía |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
| **Resección de bazo y ganglios para estudios de inmunogenética:** | | | | |
| **Anestesiólogos:** | | | | |
| **REGISTRO DE SOLUCIONES DE PRESERVACIÓN** | | | | |
| |  |  |  |  |  | | --- | --- | --- | --- | --- | | **SOLUCIÓN 1** | **USO EN PERFUSIÓN** | **CANTIDAD (cc)** | **USO EN BANCO** | **CANTIDAD (cc)** | |  | Por Aorta |  | Banco Hígado |  | | Por Porta |  | Banco Riñón |  | |  |  | Banco Páncreas |  | |  |  | Banco Corazón |  | |  |  | Banco Pulmón |  | |  |  | Banco Intestino |  | |  |  | Banco otro órgano |  | | **TOTAL** |  | **TOTAL** |  | | **SOLUCIÓN 2** | **USO EN PERFUSIÓN** | **CANTIDAD (cc)** | **USO EN BANCO** | **CANTIDAD (cc)** | |  | Por Aorta |  | Banco Hígado |  | | Por Porta |  | Banco Riñón |  | |  |  | Banco Páncreas |  | |  |  | Banco Corazón |  | |  |  | Banco Pulmón |  | |  |  | Banco Intestino |  | |  |  | Banco otro órgano |  | | **TOTAL** |  | **TOTAL** |  | | **SOLUCIÓN 3** | **USO EN PERFUSIÓN** | **CANTIDAD (cc)** | **USO EN BANCO** | **CANTIDAD (cc)** | |  | Por Aorta |  | Banco Hígado |  | | Por Porta |  | Banco Riñón |  | |  |  | Banco Páncreas |  | |  |  | Banco Corazón |  | |  |  | Banco Pulmón |  | |  |  | Banco Intestino |  | |  |  | Banco otro órgano |  | | **TOTAL** |  | **TOTAL** |  |   **Nombre y firma perfusionista 1: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **Nombre y firma perfusionista 2: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **Nombre y firma perfusionista 3: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | | | | |

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| **LISTADO DE PROFESIONALES, TECNÓLOGOS O TÉCNICOS RESPONSABLES – TEJIDOS** | | | | |
| **Procedimiento** | **Profesional** | **Tecnólogo** | **Técnico** | **Técnico** |
| Obtención de tejidos oculares |  |  |  |  |
| Obtención de tejidos osteomusculares |  |  |  |  |
| Obtención de válvulas cardíacas |  |  |  |  |
| Obtención de vasos sanguíneos |  |  |  |  |
| Obtención de piel |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
| **Otros procedimientos efectuados:** | | | | |

**FICHA TÉCNICA DE COMPONENTE ANATÓMICO PARA TRASPLANTE**

**CORAZÓN**

Técnica quirúrgica: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Hallazgos intraoperatorios

Hallazgos en banco:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Observaciones:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Nombre y firma del cirujano: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Nombre y firma de la persona que recibe el componente anatómico: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**FICHA TÉCNICA DE COMPONENTE ANATÓMICO PARA TRASPLANTE**

**PULMÓN** **Lateralidad: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Técnica quirúrgica: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Hallazgos intraoperatorios

Hallazgos en banco:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Observaciones:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Nombre y firma del cirujano: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Nombre y firma de la persona que recibe el componente anatómico: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**FICHA TÉCNICA DE COMPONENTE ANATÓMICO PARA TRASPLANTE**

**HÍGADO**

Técnica quirúrgica: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parénquima:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Arteria hepática:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Vena porta:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Vena hepática:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Vía biliar:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Biopsia:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Otros hallazgos intraoperatorios:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Observaciones:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Nombre y firma del cirujano: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Nombre y firma de la persona que recibe el componente anatómico: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**FICHA TÉCNICA DE COMPONENTE ANATÓMICO PARA TRASPLANTE**

**RIÑÓN IZQUIERDO**

Técnica quirúrgica: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Tamaño:

|  |  |  |
| --- | --- | --- |
| Longitud (Cms) | Anchura (Cms) | Grosor (Cms) |
|  |  |  |

Parénquima:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Arteria renal:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Vena renal:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Uréter:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Biopsia:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Otros hallazgos intraoperatorios:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Observaciones:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Nombre y firma del cirujano: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Nombre y firma de la persona que recibe el componente anatómico: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**FICHA TÉCNICA DE COMPONENTE ANATÓMICO PARA TRASPLANTE**

**RIÑÓN DERECHO**

Técnica quirúrgica: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Tamaño:

|  |  |  |
| --- | --- | --- |
| Longitud (Cms) | Anchura (Cms) | Grosor (Cms) |
|  |  |  |

Parénquima:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Arteria renal:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Vena renal:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Uréter:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Biopsia:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Otros hallazgos intraoperatorios:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Observaciones:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Nombre y firma del cirujano: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Nombre y firma de la persona que recibe el componente anatómico: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**FICHA TÉCNICA DE COMPONENTE ANATÓMICO PARA TRASPLANTE**

**PÁNCREAS**

Técnica quirúrgica: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parénquima:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Hemorragias:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Esteatonecrosis:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Edema:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Tejido graso:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Otros hallazgos intraoperatorios:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Observaciones:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Nombre y firma del cirujano: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Nombre y firma de la persona que recibe el componente anatómico:**

**FICHA TÉCNICA DE COMPONENTE ANATÓMICO PARA TRASPLANTE**

**Tejidos oculares** (marque X o especifique las piezas por tipo de tejido extraídas)

|  |  |  |  |
| --- | --- | --- | --- |
| **Globo ocular derecho** | **Globo ocular izquierdo** | **Botón corneo-escleral derecho** | **Botón corneo-escleral izquierdo** |
|  |  |  |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **MUESTRAS RECOLECTADAS** | | | | |
|  | Si / No | No. Tubos  Tapa Roja | No. Tubos  Tapa lila | No. Tubos  Tapa amar. |
| **Sangre Total** |  |  |  |  |
| **Suero** |  |  |  |  |
| **Plasma** |  |  |  |  |

|  |  |
| --- | --- |
| **PRUEBAS RÁPIDAS REALIZADAS**  **(Si / No)** | |
| **HIV** |  |
| **Hepatitis B** |  |
| **Hepatitis C** |  |

Se conserva el humor vítreo en custodia médico legal: Sí\_\_\_\_ No\_\_\_\_

Toma de fotografía antes del procedimiento (Si / No) Toma de fotografía después del procedimiento (Si / No)

Técnica quirúrgica:

Hallazgos durante el examen físico del donante: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Hallazgos intraoperatorios:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Observaciones:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Nombre y firma del extractor: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Nombre y firma de la persona que recibe el componente anatómico: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**FICHA TÉCNICA DE COMPONENTE ANATÓMICO PARA TRASPLANTE**

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **TEJIDOS OSTEOMUSCULARES** (marque X o especifique las piezas por tipo de tejido extraídas) | | | | | | | | |
| **Tejido** | **Lateralidad** | |  | **Tejido** | **Lateralidad** | | |
| ***Tórax*** | ***Der*** | ***Izq*** |  | ***Miembro Superior*** | ***Der*** | ***Izq*** | |
| Costilla |  |  |  | Húmero Osteocondral |  |  | |
| Cartílago Costal |  |  |  | Codo |  |  | |
| ***Miembro Inferior*** | ***Der*** | ***Izq*** |  | Cúbito |  |  | |
| Rodilla Larga Osteocondral |  |  |  | Radio Osteocondral |  |  | |
| Rodilla Corta Osteocondral |  |  |  | ***Pelvis*** | ***Der*** | ***Izq*** | |
| Rodilla |  |  |  | Hemipelvis |  |  | |
| Fémur proximal |  |  |  | Iliaco |  |  | |
| Fémur distal |  |  |  |  |  |  | |
| Tibia Proximal |  |  |  | **Total, tejidos extraídos** |  | | |
| Tibia Distal |  |  |  |  |  |  | |
| Peroné Completo / Proximal |  |  |  | **MUESTRAS RECOLECTADAS** | | | |
| Fascia Lata |  |  |  |  | Si / No | No. Tubos  Tapa Roja | No. Tubos  Tapa Roja  / amar. |
| Tendón Tibial Anterior |  |  |  | **Sangre Total** |  |  |  |
| Tendón Tibial Posterior |  |  |  | **Suero** |  |  |  |
| Tendón de Aquiles |  |  |  | **Plasma** |  |  |  |
| Tendón Peronero Largo |  |  |  | **Ganglio** |  |  |  |
| Tendón extensor común |  |  |  |  |  |  | |
| Astrágalo |  |  |  | **PRUEBAS RÁPIDAS REALIZADAS**  **(Si / No)** | | | |
| ***Otros*** | | |  | **HIV** |  |  | |
| Septum Nasal |  | |  | **Hepatitis B** |  |  | |
| Calcáneo |  | |  | **Hepatitis C** |  |  | |
|  |  | |  |  |  |  | |
|  |  | |  |  |  |  | |
|  |  |  |  |  |  |  | |
| Nombre y firma del Extractor: |  | | | | | | |

Técnica quirúrgica: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Hallazgos durante el examen físico del donante: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Hallazgos intraoperatorios:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Observaciones:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Nombre y firma del extractor: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Nombre y firma de la persona que recibe el componente anatómico: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**FICHA TÉCNICA DE COMPONENTE ANATÓMICO PARA TRASPLANTE**

**Tejidos cardiovasculares** (marque X o especifique las piezas por tipo de tejido extraídas)

|  |  |  |  |
| --- | --- | --- | --- |
| **Componente cardiaco** | **Segmentos vasculares**  (especificar cuáles) | **Válvulas cardiacas**  (especificar cuáles) | **Pericardio** |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **MUESTRAS RECOLECTADAS** | | | | |
|  | Si / No | No. Tubos  Tapa Roja | No. Tubos  Tapa lila | No. Tubos  Tapa amar. |
| **Sangre Total** |  |  |  |  |
| **Suero** |  |  |  |  |
| **Plasma** |  |  |  |  |

|  |  |
| --- | --- |
| **PRUEBAS RÁPIDAS REALIZADAS**  **(Si / No)** | |
| **HIV** |  |
| **Hepatitis B** |  |
| **Hepatitis C** |  |

Toma de fotografía antes del procedimiento (Si / No) Toma de fotografía después del procedimiento (Si / No)

Técnica quirúrgica:

Hallazgos durante el examen físico del donante: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Hallazgos intraoperatorios:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Observaciones:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Nombre y firma del extractor: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Nombre y firma de la persona que recibe el componente anatómico: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**FICHA TÉCNICA DE COMPONENTE ANATÓMICO PARA TRASPLANTE**

**Piel** (marque X o especifique las piezas por tipo de tejido extraídas)

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Brazo Izquierdo** |  | **Muslo izquierdo anterior** |  | **Glúteo derecho** |  |
| **Brazo derecho** |  | **Muslo izquierdo posterior** |  | **Glúteo izquierdo** |  |
| **Pierna izquierda** |  | **Muslo derecho anterior** |  | **Espalda** |  |
| **Pierna derecha** |  | **Muslo derecho posterior** |  |  |  |
| **Otro** |  | | | | |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **MUESTRAS RECOLECTADAS** | | | | |
|  | Si / No | No. Tubos  Tapa Roja | No. Tubos  Tapa lila | No. Tubos  Tapa amar. |
| **Sangre Total** |  |  |  |  |
| **Suero** |  |  |  |  |
| **Plasma** |  |  |  |  |

|  |  |
| --- | --- |
| **PRUEBAS RÁPIDAS REALIZADAS**  **( Si / No)** | |
| **HIV** |  |
| **Hepatitis B** |  |
| **Hepatitis C** |  |

Toma de fotografía antes del procedimiento (Si / No) Toma de fotografía después del procedimiento (Si / No)

Técnica quirúrgica:

Hallazgos durante el examen físico del donante: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Hallazgos intraoperatorios:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Observaciones:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Nombre y firma del extractor:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Nombre y firma de la persona que recibe el componente anatómico: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**FICHA TÉCNICA DE COMPONENTE ANATÓMICO PARA TRASPLANTE**

**Componente: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Lateralidad: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Técnica quirúrgica: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Hallazgos intraoperatorios

Hallazgos en banco:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Observaciones:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Nombre y firma del cirujano/extractor: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Nombre y firma de la persona que recibe el componente anatómico: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**FICHA TÉCNICA DE COMPONENTE ANATÓMICO PARA TRASPLANTE**

**Componente: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** **Lateralidad: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Técnica quirúrgica: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Hallazgos intraoperatorios

Hallazgos en banco:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Observaciones:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Nombre y firma del cirujano/extractor: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Nombre y firma de la persona que recibe el componente anatómico: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**