BPV Case ID:_____ Affix BPV Case ID Label Tissue Bank ID:_____	Form Completed By: _____ Date on Which Form Was Completed: __ __/__ __/__ __ __ __ MM/DD/YYYY

Pre-Operative Medications Administration: Record medications administered in the holding area before the patient enters the operating room. If additional space is required, record any additional pre-operative medications administered in #6 below.

1	**Date of Surgery**	__ __/__ __/__ __ __ __ MM/DD/YYYY		
2	**Pre-Operative Intravenous (IV) Sedation Administered**	O Yes O No		
		☐ Diazepam	Dose: _____ Unit: _____ Time: __ __ : __ __ (HH:MM)	Select all that apply.
		☐ Lorazepam	Dose: _____ Unit: _____ Time: __ __ : __ __ (HH:MM)	
		☐ Midazolam	Dose: _____ Unit: _____ Time: __ __ : __ __ (HH:MM)	
		☐ Other IV sedation (specify)	Dose: _____ Unit: _____ Time: __ __ : __ __ (HH:MM)	
3	**Pre-Operative IV Opiates Administered**	O Yes O No		
		☐ Fentanyl	Dose: _____ Unit: _____ Time: __ __ : __ __ (HH:MM)	Select all that apply.
		☐ Hydromorphone	Dose: _____ Unit: _____ Time: __ __ : __ __ (HH:MM)	
		☐ Meperidine	Dose: _____ Unit: _____ Time: __ __ : __ __ (HH:MM)	
		☐ Morphine	Dose: _____ Unit: _____ Time: __ __ : __ __ (HH:MM)	

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		☐ Other IV opiates (specify)	Dose: _____ Unit: _____ Time: __ __ : __ __ (HH:MM)	
4	**Pre-Operative IV Antiemetics Administered**	O Yes O No		
		☐ Droperidol	Dose: _____ Unit: _____ Time: __ __ : __ __ (HH:MM)	Select all that apply.
		☐ Ondansetron	Dose: _____ Unit: _____ Time: __ __ : __ __ (HH:MM)	
		☐ Other IV antiemetic (specify)	Dose: _____ Unit: _____ Time: __ __ : __ __ (HH:MM)	
5	**Pre-Operative IV Anti-Acids Administered**	O Yes O No		
		☐ Ranitidine	Dose: _____ Unit: _____ Time: __ __ : __ __ (HH:MM)	Select all that apply.
		☐ Other anti-acid (specify)	Dose: _____ Unit: _____ Time: __ __ : __ __ (HH:MM)	
6	**Other Pre-Operative IV Medications Administered**	O Yes O No		
		☐ Other pre-op medication (specify)	Dose: _____ Unit: _____ Time: __ __ : __ __ (HH:MM)	Record additional IV medications administered pre-operatively if applicable.
		☐ Other pre-op medication (specify)	Dose: _____ Unit: _____ Time: __ __ : __ __ (HH:MM)	
		☐ Other pre-op medication (specify)	Dose: _____ Unit: _____ Time: __ __ : __ __ (HH:MM)	

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Type of Anesthesia Administered: PLEASE RECORD ONLY ANESTHESIA AGENTS ADMINISTERED BEFORE REMOVAL OF THE ORGAN. If additional space is required, record any additional anesthesia agents administered in #14 below.				
7	**Local Anesthesia Agents Administered**	O Yes O No		
		☐ Lidocaine	Dose: _____ Unit: _____ Time: __ __ : __ __ (HH:MM)	Select all that apply.
		☐ Procaine	Dose: _____ Unit: _____ Time: __ __ : __ __ (HH:MM)	
		☐ Other local anesthetic (specify)	Dose: _____ Unit: _____ Time: __ __ : __ __ (HH:MM)	
8	**Regional (Spinal/ Epidural) Anesthesia Agents Administered**	O Yes O No		
		☐ Bupivacaine	Dose: _____ Unit: _____ Time: __ __ : __ __ (HH:MM)	Select all that apply.
		☐ Lidocaine	Dose: _____ Unit: _____ Time: __ __ : __ __ (HH:MM)	
		☐ Other Spinal/Regional Anesthetic (specify)	Dose: _____ Unit: _____ Time: __ __ : __ __ (HH:MM)	
9	**IV Anesthesia Agents Administered**	O Yes O No		
		☐ Brevital	Dose: _____ Unit: _____ Time: __ __ : __ __ (HH:MM)	Select all that apply.
		☐ Etomidate	Dose: _____ Unit: _____ Time: __ __ : __ __ (HH:MM)	
		☐ Ketamine	Dose: _____ Unit: _____ Time: __ __ : __ __ (HH:MM)	

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		☐ Propofol	Dose: _____ Unit: _____ Time: __ __ : __ __ (HH:MM)	
		☐ Sodium thiopental	Dose: _____ Unit: _____ Time: __ __ : __ __ (HH:MM)	
		☐ Other IV anesthesia agents (specify)	Dose: _____ Unit: _____ Time: __ __ : __ __ (HH:MM)	
10	**IV Narcotic/ Opiate Agents Administered**	O Yes O No		
		☐ Fentanyl	Dose: _____ Unit: _____ Time: __ __ : __ __ (HH:MM)	Select all that apply.
		☐ Hydromorphone	Dose: _____ Unit: _____ Time: __ __ : __ __ (HH:MM)	
		☐ Meperidine	Dose: _____ Unit: _____ Time: __ __ : __ __ (HH:MM)	
		☐ Morphine	Dose: _____ Unit: _____ Time: __ __ : __ __ (HH:MM)	
		☐ Other narcotics/opiates (specify)	Dose: _____ Unit: _____ Time: __ __ : __ __ (HH:MM)	
11	**IV Muscle Relaxants Administered**	O Yes O No		
		☐ Pancuronium	Dose: _____ Unit: _____ Time: __ __ : __ __ (HH:MM)	Select all that apply. **Please use the supplemental page at the end of this form when more than one dose at a**
		☐ Suxamethonium chloride	Dose: _____ Unit: _____ Time: __ __ : __ __ (HH:MM)	
		☐ Vecuronium	Dose: _____ Unit: _____ Time: __ __ : __ __ (HH:MM)	

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		☐ Other muscle relaxants (specify)	Dose: _____ Unit: _____ Time: __ __ : __ __ (HH:MM)	**time is administered.**
12	**Inhalation Anesthesia Agents Administered**	O Yes O No		
		☐ Isoflurane	Dose: _____ Unit: _____ Time: __ __ : __ __ (HH:MM)	Select all that apply.
		☐ Nitrous oxide	Dose: _____ Unit: _____ Time: __ __ : __ __ (HH:MM)	
		☐ Other inhalation anesthesia agents (specify)	Dose: _____ Unit: _____ Time: __ __ : __ __ (HH:MM)	
13	**Additional Anesthesia Agents Used**	O Yes O No		
		☐ Other (specify)	Dose: _____ Unit: _____ Time: __ __ : __ __ (HH:MM)	Record any additional anesthesia agents administered before removal of the organ.
		☐ Other (specify)	Dose: _____ Unit: _____ Time: __ __ : __ __ (HH:MM)	
		☐ Other (specify)	Dose: _____ Unit: _____ Time: __ __ : __ __ (HH:MM)	
Surgery Information: Indicate whether any of the following medications were administered during surgery.				
14	**Other Medications Administered During Surgery and Before Removal of the Organ**	Was insulin administered during surgery? O Yes O No If so, enter dose and time → ☐ Specify insulin:	Dose: _____ Unit: _____ Time: __ __ : __ __ (HH:MM) Dose: _____ Unit: _____ Time: __ __ : __ __ (HH:MM)	**Please use the supplemental page at the end of this form if you require additional space.**

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		Were steroids administered during surgery? O Yes O No If so, enter dose and time → ☐ Specify steroid(s):	Dose: _____ Unit: _____ Time: __ __ : __ __ (HH:MM) Dose: _____ Unit: _____ Time: __ __ : __ __ (HH:MM)	
		Were antibiotics administered during surgery? O Yes O No If so, enter dose and time → ☐ Specify antibiotic(s):	Dose: _____ Unit: _____ Time: __ __ : __ __ (HH:MM) Dose: _____ Unit: _____ Time: __ __ : __ __ (HH:MM)	
		Were other medications administered during surgery? O Yes O No If Yes, enter dose and time → ☐ Specify other medication(s):	Dose: _____ Unit: _____ Time: __ __ : __ __ (HH:MM) Dose: _____ Unit: _____ Time: __ __ : __ __ (HH:MM)	
Surgical Procedure Details				
15	**Time of First Incision**	__ __: __ __ (HH:MM)		
16	**Surgical Procedure**	Select one: O Kidney biopsy (left) O Kidney biopsy (right) O Kidney mass excision (left) O Kidney mass excision (right) O Nephrectomy (partial left) O Nephrectomy (partial right) O Nephrectomy (radical left) O Nephrectomy (radical right) O Nephroureterectomy (left) O Nephroureterectomy (right) O Other (specify)		Select the surgical procedure performed.

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	Surgical Method Performed	Select one: O Laparoscopic O Open O Robotic O Other (specify)	Select the surgical method by which the kidney was removed.
17	**Time of First Clamp**	__ __: __ __ (HH:MM)	Indicate the time at which the first clamp was applied.
18	**Time of Second Clamp**	__ __: __ __ (HH:MM)	Indicate the time at which the second clamp was applied.
19	**Time of Organ Resection**	__ __: __ __ (HH:MM)	Indicate the time at which the organ was resected.
20	**In Vivo Intra-Operative Ischemic Period (minutes)**	__ __ __ minutes	Indicate the elapsed time from the first application of the first clamp to organ resection.
Patient's Vital Signs BEFORE EXCISION OF ORGAN			
21	**Description of Blood Pressure Excursions from Time of Anesthesia Induction to 15 Minutes Afterward**		Note the duration of variances of more than 20 mmHg from the patient's pre-operative baseline during the first 15 minutes after anesthesia induction.

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22	**Description of Blood Pressure Excursions from 15 Minutes After Anesthesia Induction to Organ Excision**			Note the duration of variances of more than 20 mmHg from the patient's pre-operative baseline from 15 minutes after anesthesia induction to organ excision.
23	**Temperature**	First patient temperature recorded in OR _____ °F or °C (Circle temperature scale)	Time of first temperature __ __: __ __ (HH:MM)	
		Second patient temperature recorded in OR _____ °F or °C (Circle temperature scale)	Time of second temperature __ __: __ __ (HH:MM)	
24	**Description of Epochs of Oxygen Desaturation of <92% for > 5 Minutes Before Organ Excision**			
25	**Carbon Dioxide Level Recorded at Time Closest to Organ Excision**			
Intra-operative Blood Product Administration				
26a	**Albumin**	_____ mL		
26b	**Packed Red Blood Cells**	_____ # units		

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26c	**Platelets**	_____ mL		
26d	**Fresh Frozen Plasma**	_____ # units		
Patient Fluid Output				
27	**Blood Loss**	_____ mL	**At what point was blood loss recorded?** Select one: O Before organ excision O At the end of surgery	Indicate intra-operative blood loss.
28	**Urine Volume Excreted**	_____ mL	**At what point was urine output recorded?** Select one: O Before organ excision O At the end of surgery	Indicate the urine volume excreted.
Additional Information				
29	**Duration of Fasting Before Surgery**	_____ hours		
30	**Description of Pre-Operative Bowel Preparation Before Surgery**			
31	**Other Notable Events During Surgery**			Describe unusual events or extreme variations from the usual procedure.
33	**Time for Which Specimen Was Left in Operating Room**	__ __: __ __ (HH:MM)		

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Supplemental Medication Administration		
Additional Pre-Operative Medications Administered	**Medication**	**Dose and Time**
Notes:		Dose: _____ Unit: _____ Time: __ __ : __ __ (HH:MM)
		Dose: _____ Unit: _____ Time: __ __ : __ __ (HH:MM)
		Dose: _____ Unit: _____ Time: __ __ : __ __ (HH:MM)
		Dose: _____ Unit: _____ Time: __ __ : __ __ (HH:MM)
Additional Anesthesia Agents Administered	**Anesthesia Agents**	**Dose and Time**
Notes:		Dose: _____ Unit: _____ Time: __ __ : __ __ (HH:MM)
		Dose: _____ Unit: _____ Time: __ __ : __ __ (HH:MM)
		Dose: _____ Unit: _____ Time: __ __ : __ __ (HH:MM)
		Dose: _____ Unit: _____ Time: __ __ : __ __ (HH:MM)

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Additional Intra-Operative Medications Administered	**Medications**	**Date and Time**
Notes:		Dose: _____ Unit: _____ Time: __ __ : __ __ (HH:MM)
		Dose: _____ Unit: _____ Time: __ __ : __ __ (HH:MM)
		Dose: _____ Unit: _____ Time: __ __ : __ __ (HH:MM)
		Dose: _____ Unit: _____ Time: __ __ : __ __ (HH:MM)