BPV Case ID: ___________________________________ Affix BPV Case ID Label Tissue Bank ID:________________________________	Form Completed By: ________________________________ Date Form Was Completed: __ __/__ __/__ __ __ __ MM/DD/YYYY -

Pre-operative Medications Administration (Record medications administered in the holding area prior to patient entering 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 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)	

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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)	
		☐ Other IV Opiates (specify)	Dose: _______ Unit: _______ Time: __ __ : __ __ (HH:MM)	

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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)	

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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)	
Type of Anesthesia Administered (PLEASE RECORD ONLY ANESTHESIA AGENTS ADMINISTERED PRIOR TO 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)	

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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)	

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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)	
		☐ Propofol	Dose: _______ Unit: _______ Time: __ __ : __ __ (HH:MM)	
		☐ Sodium Thiopental	Dose: _______ Unit: _______ Time: __ __ : __ __ (HH:MM)	
		☐ Other IV Anesthesia Agents (specify)	Dose: _______ Unit: _______ Time: __ __ : __ __ (HH:MM)	

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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)	

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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 there is more than one dose/time of administration.**
		☐ Suxamethonium Chloride	Dose: _______ Unit: _______ Time: __ __ : __ __ (HH:MM)	
		☐ Vercuronium	Dose: _______ Unit: _______ Time: __ __ : __ __ (HH:MM)	
		☐ Other Muscle Relaxants (specify)	Dose: _______ Unit: _______ Time: __ __ : __ __ (HH:MM)	
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)	

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13	Additional Anesthesia Agents Used	O Yes O No		
		☐ Other (specify)	Dose: _______ Unit: _______ Time: __ __ : __ __ (HH:MM)	Record any additional anesthesia agents administered prior to removal of the organ.
		☐ Other (specify)	Dose: _______ Unit: _______ Time: __ __ : __ __ (HH:MM)	
		☐ Other (specify)	Dose: _______ Unit: _______ Time: __ __ : __ __ (HH:MM)	

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Surgery Information (Indicate whether any of the following medications were administered during surgery.)				
14	**Other Medications Administered During Surgery Prior to Removal of the Organ**	Was insulin administered during surgery? O Yes O No If Yes, 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.**
		Were steroids administered during surgery? O Yes O No If Yes, 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 Yes, 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	Dose: _______ Unit: _______ Time: __ __ : __ __ (HH:MM)	

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		If Yes, enter dose and time → ☐ Specify other medication(s):	Dose: _______ Unit: _______ Time: __ __ : __ __ (HH:MM)	

Surgical Procedure Details			
15	**Time of First Incision**	__ __ : __ __ (HH:MM)	
16	**Surgical Procedure**	Select One: O Abdominoperineal resection O Colectomy O Colectomy, left O Colectomy, right O Colectomy, sigmoid O Colectomy, subtotal O Colectomy, total O Colectomy, transverse O Low anterior resection O Proctectomy O Proctocolectomy O Rectosigmoidectomy O Other (specify) — **Specify other procedure:**	Surgical procedure performed.
17	**Time of First Clamp**	__ __ : __ __ (HH:MM)	Time first clamp was applied.
18	**Time of Second Clamp**	__ __ : __ __ (HH:MM)	Time second clamp was applied.
19	**Time of Organ Resection**	__ __ : __ __ (HH:MM)	Time organ was resected.

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20	**In Vivo Intra-operative Ischemic Period (minutes)**	__ __ __ (minutes)		Elapsed time from first application of first clamp to organ resection.

Patient's Vital Signs (PRIOR TO EXCISION OF ORGAN)				
21	**Describe BP Excursions from Time of Anesthesia Induction to 15 Minutes Post.**			Note duration of variances of greater than 20 mmHg from patient's pre-operative baseline during first 15 minutes after anesthesia induction.
22	**Describe BP Excursions from 15 Minutes Post-anesthesia Induction to Organ Excision.**			Note duration of variances of greater than 20 mmHg from patient's pre-operative baseline from 15 minutes post 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)	

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24	**Describe Epochs of Oxygen (O_2) Desaturation of <92% for >5 Minutes Prior to Organ Excision.**			
25	**Carbon Dioxide Level (CO_2) Recorded at Time Closest to Organ Excision**			
Intra-operative Blood Product Administration				
26a	**Albumin**	___________ (ml)		
26b	**Packed Red Blood Cells**	___________ (# units)		
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 Prior to organ excision O End of surgery	Intra-operative blood loss.
Fluid Loss				
28	**Urine Volume Excreted**	___________ (ml)	**At what point was urine output recorded?** Select One: O Prior to organ excision O End of surgery	Urine volume excreted.

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29	Was Ascites Fluid Collected?	Select one: O Yes O No	___________(ml)	

Additional Information			
30	Duration of Fasting Prior to Surgery	___________ (hours)	
31	Describe Pre-operative Bowel Preparation Prior to Surgery.		
32	Other Notable Events During Surgery		Unusual events or extreme variations from usual procedure.
33	Time Specimen Left OR	__ __ : __ __ (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)

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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)