PLEASE FAX COMPLETED FORM TO: 604-877-2136

BC TRANSPLANT

Attach Patient Label

BRONCHOSCOPY FOR ORGAN DONATION

Description	Left	Right	Comments
Anatomy / Structures: Normal Abnormal	 □ □	 □ □	*Please describe findings if necessary:*
Secretions: **Bloody:** Mild □ Moderate □ Severe □ Easily cleared □ **Mucoid:** Mild □ Moderate □ Severe □ Easily cleared □ **Purulent:** Mild □ Moderate □ Severe □ Easily cleared □ Unable to clear □	 □ □ □	 □ □ □	*Please describe findings / location if necessary:*
Foreign Bodies/ Aspiration Mild □ Moderate □ Severe □ Easily cleared □	□	□	
Airway Mucosa	□	□	*(eg. Atrophy, erythema, edema, tear, bleed)*
Bronchial Wash	□	□	
Sample Sent: *Please describe location*	C&S □	AFB □	Fungus □

Additonal Comments: _____

_____

_____

Physican's full name: _____

Date / Time: _____

Donor Case ID: _____ BCT ODS / SRS Initials: _____