

TGLN DONOR # \_\_\_\_\_

**LENGTH:** Length of limb from the bony elbow tip to the bony prominence of the wrist: Left \_\_\_\_\_ cm Right \_\_\_\_\_ cm

**RADIUS:** Radius of wrist: Left \_\_\_\_\_ cm Right \_\_\_\_\_ cm

**FITZPATRICK SCALE** (please circle):

- i. **Type I** – White; very fair, freckles, typical albino skin. Always burns, never tans.
- ii. **Type II** – White; fair. Usually burns, tans with difficulty.
- iii. **Type III** – Beige, very common. Sometimes mild burn, gradually tans to light brown.
- iv. **Type IV** – Beige with brown tint, typical Mediterranean Caucasian skin. Rarely burns, tans with ease to a moderate brown.
- v. **Type V** – Dark brown. Very rarely burns, tans very easily.
- vi. **Type VI** – Black. Never burns, tans very easily, deeply pigmented.

Indicate any of the following on arm illustrations using letters below:

- |                           |                            |
|---------------------------|----------------------------|
| A – Abrasion              | H – Tattoo                 |
| B – Bruise / Contusion    | I – Fracture / Dislocation |
| C – Hematoma              | K – Limb Trauma            |
| D – Art Line              | L – Piercing               |
| E – TGLN Blood Collection | M – IV Puncture Site       |
| F – Needle Entry Site     | N – Peripheral IV Site     |
| G – Scar                  | O – Other                  |



**PULSES PRESENT:**

Brachial: Left:  No  Yes Right:  No  Yes  
 Radial: Left:  No  Yes Right:  No  Yes

**CAPILLARY REFILL ASSESSMENT:** Less than 2 sec? Left:  No  Yes Right:  No  Yes

**PHOTOGRAPHS TAKEN AND UPLOADED:**  No  Yes

**MODIFIED ALLEN'S TEST COMPLETED:**  No  Yes

If yes, attach the Modified Allen's Test with Doppler Worksheet

**X-RAYS DONE:**  No  Yes (PA and lateral view – hand, wrist and forearm)

**DOMINANT HAND:**  Left  Right

**FUNCTIONAL LIMITATIONS:**  No  Yes If yes, describe (including which limb) \_\_\_\_\_

**Completed by:** \_\_\_\_\_ **Date:** \_\_\_\_/\_\_\_\_/\_\_\_\_ @ \_\_\_\_Hrs **Signature:** \_\_\_\_\_  
OTDC or qualified designate name DD MMM YYYY 0000

**Arm assessment may only be completed prior to a negative COVID swab result if the Screening Tool indicates minimum risk.**

**For interest calls, OTDC assessment is required up to and including Capillary Refill Assessment for each limb. Complete form, including signature and date/time, then upload to iTransplant. This may be completed prior to VCA-specific consent.**

**Following VCA consent and confirmed interest, perform a new assessment and complete a new assessment form once photographs, modified Allen's test and x-rays are completed. Sign and date/time the new form, then upload to iTransplant.**