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## Human Organs & Tissues Donation Services (Deceased Donor) Inspection Checklist-

Random

Name of the Facility:

Date of Inspection:\_\_\_\_/\_\_\_/\_\_\_\_

Ref.	Description	Yes	No	N/A	Remarks	
5	STANDARD ONE: HEALTH FACILITY REQUIREMENTS					
	The HF should ensure it has in place an active					
5.4.	morbidity and mortality committee supported by					
	written terms of reference.					
	The HF morbidity and mortality committee should					
5.4.1.	maintain a register of the HCP names involved in DNC					
	assessment and diagnosis.					
	The HF should report the ICU mortality rate to DHA					
F / 2	on regular basis, refer to Guidelines for Reporting					
5.4.3.	Human Organ and Tissue Donation Services Registry					
	And Key Performance Indicators.					
	The HF morbidity and mortality committee should					
	review the death cases with primary diagnosis of acute					
5.4.4.	cerebral lesion, and not DNC diagnosis, as per					
5.4.4.	(Appendix 7), and to provide recommendations for					
	DNC diagnosis optimization as per the approved					
	standards					
6	STANDARD TWO: HEALTHCARE PROFESSIONALS R	EQUIRME	NTS			
	All HCP involved in the process of organ donation					
6.1.	program in Dubai should hold an active DHA license as					
0.1.	per the Professionals Qualification Requirements					
	(PQR) and work within their scope of practice.					

Checklist	ID	lssue#	Issue Date	Revision Date	Page#
Human Organs & Tissues Donation Services	CP 9.6.03 F37	2	Jul 10 ,2023	Jul 10.2026	1/6
(Deceased Donor) Inspection Checklist- Random	CI_5.0.05_157	2	501 10,2025	501 10,2020	1/0





	A minimum of three DHA licensed HCP can perform		
6.2.	the brain functions assessment to diagnose DNC.		
6.2	HCP assessing and diagnosing DNC should be		
6.3.	physicians from following specialties:		
6.3.1.	Critical Care Specialist (Adult or Paediatric).		
6.3.2.	Neurology Specialist (Adult or Paediatric).		
6.3.3.	Neurosurgery Specialist.		
6.3.4.	Internal Medicine Specialist.		
6.3.5.	Anaesthesia Specialist (Adult or Paediatric).		
6.3.6.	Paediatric Specialist.		
6.3.7.	Other specialised physicians privileged to diagnose		
0.3.7.	DNC can perform the assessment.		
	One of the three HCP must be a Neuroscience		
6.4.	Physician (Neurology/Neurosurgery) to diagnose		
	DNC.		
	It is strictly prohibited for transplant HCP or surgeons		
6.5.	to take part in diagnosing DNC or obtaining the		
	consent.		
	The Clinical Privileging Committee or Medical Director		
	of the HF should privilege the HCP who perform brain		
6.6.	functions assessment to diagnose DNC aligned with		
	their education, training, experience and competencies		
	(refer to Clinical Privileging Policy).		
	If the number of HCP permitted to perform brain		
6.7.	functions assessment to determine the DNC are less		
0.7.	than three, a grandfathering approach should be		
	adopted.		
	Grandfathering should only be undertaken once both		
6.7.1.	hospitals have signed a memorandum of		
	understanding.		
	Grandfathering also could be provided by the National		
a.	Center for Donation and Transplantation from		
	МОНАР.		

Checklist	ID	lssue#	Issue Date	Revision Date	Page#
Human Organs & Tissues Donation Services	CP_9.6.03_F37	2	Jul 10 ,2023	Jul 10,2026	2/6
(Deceased Donor) Inspection Checklist- Random				,	





	The nominated hospital performing grandfathering				
6.7.2.	should have sufficient and competent privileged HCP				
	who are licensed by DHA or other health regulator in				
	the UAE.				
6.7.3.	Grandfathering should be free from any conflict of				
0.7.5.	interest that may affect the determination of DNC.				
	All HCP involved in the Organ Donation Unit (ODU)				
	should be trained and aware about the UAE organ				
6.8.	donation process management protocol; to				
	standardize the critical care case notification and				
	referral of possible deceased organ donor.				
7	STANDARD THREE: ASSESSMENT OF DEATH BY NE	UROLOGI	CAL CRITI	ERIA (DN	C)
	The assessment of DNC should be performed by filling				
7.6.	and signing the brain functions assessment form				
	(Appendix 1).				
	Two clinical examinations, separated by age-defined				
7.7.1.	intervals, should be carried out using the brain				
	function assessment form of DNC ( <b>Appendix 1</b> ).				
_	Minimum of three HCP should perform the clinical				
a.	examination.				
L	First clinical examination; physician (1) and physician				
b.	(2)				
	Second clinical examination; physician (3) with one of				
с.	the above physicians or physician (4).				
	If the two clinical examinations are completed to the				
	maximum extent possible and all the tests have been				
7.7.2.	completed without constraints, the apnea test should				
	be performed, to verify the absence of brainstem				
	reflexes, and confirm DNC (Appendix 1).				
770	Apnoea test should be conducted once by two of the				
7.7.3.	three HCP after the second assessment.				
8	STANDARD FOUR: REPORTING POSSIBLE AND POT	ENTIAL DI	NC DONO	RS	
8.1.	All HF should report potential DNC donors.				
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Checklist	ID	lssue#	Issue Date	Revision Date	Page#
Human Organs & Tissues Donation Services (Deceased Donor) Inspection Checklist- Random	CP_9.6.03_F37	2	Jul 10 ,2023	Jul 10,2026	3/6





	Referral of potential donors should include the below		
8.6	clinical evaluation:		
8.6.1.	Progress Note/ History of presenting illness		
0.0.1.	(Admission until referral)		
a.	Current Illness (Cause of coma, admission day, GCS,		
а.	death diagnosis done, etc)		
b.	Previous disease		
C.	Previous surgeries		
d.	Previous clinical treatments		
e.	Current or previous cancer disease (Kind, time,		
	treatment)		
f.	Current or previous diagnosis of chronic diseases		
	(Kind, time, treatment)	 	
g.	Previous drug consumption (Alcohol, tobacco, etc)		
8.6.2.	Current Clinical Status		
a.	Vital signs		
8.6.3.	Imaging Exams: Brain CT Scan, T X-Ray, other		
8.6.4.	Lab results:		
b.	Complete Blood Count		
C.	Coagulation Profile (PT/PTT/INR)		
d.	Electrolyte & Renal Profile		
u.	(Sodium/Potassium/Creatinine/Urea/eGFR)		
e.	Liver Profile (Total Protein/Albumin/Total		
	Bilirubin/ALT/AST/ALP)		
f.	Pancreas Profile (Amylase/Glucose)		
g.	Blood Gases (100% FiO2)		
h.	ECG		
8.6.5.	Cultures (Blood/urine/sputum)		
8.6.6.	COVID-19 PCR		
8.6.7.	QuantiFERON-TB		
8.6.8.	Urine analysis		

Checklist	ID	lssue#	Issue Date	Revision Date	Page#
Human Organs & Tissues Donation Services	CP 9.6.03 F37	2	Jul 10 .2023	Jul 10,2026	4/6
(Deceased Donor) Inspection Checklist- Random	CP_9.0.03_F37	-	501 10 ,2025	501 10,2020	1,0





8.8.	The ODU should maintain a donor registry of all possible and potential DNC Donors.				
8.8.3.	The ODU should ensure that the assessment form and the DNC declaration are completed and signed regardless the outcome of the assessment, and should ensure uploading those forms into the patient health record.				
9	STANDARD FIVE: DNC DECLARATION AND ISSUAN	CE OF DEA	TH CERT	IFICATE	
9.1.	If the Potential DNC Donor meets the criteria for organ donation, then the NCDT should be informed within 12 hours for the necessary action <b>(Appendix</b> <b>2)</b> .				
9.1.1.	The ODU should facilitate the availability of medical reports and tests of the Potential DNC Donor and to be shared with the NCDT.				
9.1.3.	The unified consent form for organ donation is obtained by the NCDT from the next of kin in the presence of the most responsible physician (MRP), or deputy to proceed with the donation <b>(Appendix 6)</b> .				
9.1.4.	The ODU should facilitate the referral and transfer of the DNC Donor to the organ transplant facility for organ retrieval and transplantation.				
9.2.1.	Assessment and the denial of the next kin should be clearly documented in the patient medical record and maintained.				
9.3.	Issuance of death certificate:				
9.3.1.	The death certificate should be issued after the DNC declaration is duly signed and as per the following:				
b.	If the consent for organ donation is obtained after the consultation with NCDT, it is issued within 6 hours before proceeding to the operating room for organ retrieval.				

Checklist	ID	lssue#	Issue Date	Revision Date	Page#
Human Organs & Tissues Donation Services	CP 9.6.03 F37	2	Jul 10 .2023	Jul 10,2026	5/6
(Deceased Donor) Inspection Checklist- Random	Ci _5.0.05_i 5/	2	50, 10,2025	501 10,2020	5,0





6	If the organ donation is rejected it is issued after the		
ι.	withdrawing of life sustaining therapy.		

Checklist	ID	lssue#	Issue Date	Revision Date	Page#
Human Organs & Tissues Donation Services	CP 9.6.03 F37	2	Jul 10 .2023	Jul 10.2026	6/6
(Deceased Donor) Inspection Checklist- Random	Cr_9.0.05_157	2	501 10,2025	501 10,2020	0/0