Australian Government
Organ and Tissue Authority

National Standard Operating Procedure

Organ Allocation

Organ Rotation

Urgent Listing

Version 3.0 / ATCA-TSANZ-OTA SOP / October 2021

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Introduction

The Australasian Transplant Coordinators Association (ATCA), the Transplantation Society of Australia and New Zealand (TSANZ), DonateLife and the Organ and Tissue Authority (OTA) have collaborated on the development of the National Standard Operating Procedures for organ allocation, organ rotation and urgent listings.

This document has been developed based on revision and updating of previous allocation procedures, results of ATCA Extra-Renal Organ Allocation Audit Reports and changes in allocation criteria as per the TSANZ Clinical Guidelines for Organ Transplantation from Deceased Donors (TCG).

The TSANZ Council and the ATCA Committee have approved this Standard Operating Procedure (SOP) and the Organ and Tissue Authority (OTA) and DonateLife Agencies have supported the finalisation of this SOP.

Purpose

The purpose of this SOP is to support the allocation of organs for transplantation through a transparent, fair and equitable process.

Scope

This document contains operating procedures pertaining to the allocation of organs for transplantation from deceased donors, organ allocation rotations and urgent listing procedures for heart and liver. This document excludes organ allocation from living donors.

Responsibility

DonateLife Agencies and New Zealand Donation Services

It is the responsibility of each DonateLife Agency and New Zealand Donation Service to maintain the ATCA/TSANZ Organ Allocation Rotation documentation for their jurisdiction.

The Transplantation Society of Australia and New Zealand (TSANZ)

TSANZ Advisory Committees act as peak bodies for their organ-specific special interest groups, advising in the areas of recipient eligibility, donor organ retrieval, allocation and utilisation of organs for transplantation. The TSANZ will share reports and findings with relevant committees, including the Advisory Committees, to inform practice improvements.

National Allocation User Group (NAUG) DonateLife/OTA/ATCA

The organ allocation rotation audit process is currently being undertaken by the OTA National Allocation User Group (NAUG), with support from ATCA. The NAUG comprises of DonateLife representatives from each jurisdiction (except ACT), an ATCA representative and OTA representatives.

The NAUG will undertake a full national audit and provide quarterly and final reports to ATCA, TSANZ and OTA for review, approval and endorsement. The NAUG will also play a vital role in the communication and education to their local jurisdiction on key lessons and clinical practice changes as an outcome of the audit process. The OTA will share reports and findings with relevant committees, including the Clinical Governance Committee, to inform practice improvements.

The Organ and Tissue Authority (OTA)

The OTA agrees to facilitate communication between DonateLife Agencies, New Zealand Donation Service, TSANZ and ATCA in relation to the organ allocation, rotations, urgent listings SOP, guidelines and auditing processes.

The OTA will participate in the review and discussion of the audit data prior to dissemination and publication of quarterly and annual reports.

The OTA will facilitate the review process of the National Standard Operating Procedures for Organ Allocation, Organ Rotation and Urgent Listings. The review process will be undertaken by a designated Working Party comprising of DonateLife Agency representatives, ACTA representative and OTA representatives.

Section 1
General principles

1.0 Organ Allocation

1.1 Extra-Renal organ allocation

a. Organs are offered to the home state first unless there is a patient on an Urgent Listing or the home state does not offer relevant transplant services (i.e. heart and lung transplant).

b. If the home state declines the offer and the organ is deemed medically suitable to offer on, the organ is offered according to the ATCA/TSANZ Organ Allocation Rotation to ensure a fair and equitable distribution.

c. The offer is rotated through each jurisdiction as appropriate, in strict order until either the organ is accepted or all units have declined the offer.

d. Transplanting units must respond to an organ offer within **30 minutes** of receiving and acknowledging the offer. The response should either be i or ii as noted below:

   i. **Provisional Acceptance of the formal offer;**

      In some circumstances additional time may be required to solve, for example, logistical impediments or obtain medical suitability information, including the undertaking of additional investigations. An extension of time should be granted if there is a provisional acceptance of the organ pending the resolution of logistical impediments including arrangements for out of state retrieval teams and/or availability of clinical information requested.

      OR

   ii. **Decline the offer;**

e. Units receiving offers should make every effort to respond as quickly as possible to expedite the allocation process.

1.2 Kidney allocation

a. The allocation of kidneys is coordinated through OrganMatch (OM) according to the Australian Allocation Algorithms to generate a kidney organ offer list (OOL) for each donor.

b. Transplanting units will have **60 minutes** to accept or decline a kidney offer.

c. Units receiving offers should make every effort to respond as quickly as possible to expedite the allocation process.

1.3 Paediatric allocation

a. Refer to the relevant section of each organ type for details of paediatric considerations for both paediatric donors and allocation to paediatric transplant units.

2.0 Multi-Organ Transplants

a. Combined transplants listings e.g. liver/kidney, heart/kidney, are required to be formally approved by local jurisdiction transplant committees.

b. Organs should not be allocated to recipients for combined transplants prior to completion of this formalised process. The only exception to this is heart/lung block offers and kidney/pancreas offers.

3.0 Research Programs

a. Research programs are required to be approved formally through the relevant local jurisdictional Committees and Human Research Ethics Committees as required.

b. DonateLife Agencies are required to be formally notified of any research programs on donor organs, blood or tissues of any organ donors and it is preferred that the Donation Specialist discusses research programs during the consent conversation.

c. The Donation Specialist must inform the relevant transplant unit or researcher at the time of referral that they have obtained the relevant research consent.

4.0 Recognised Transplant Units

Kidney transplant units	
QLD	Princess Alexandra Hospital – Adults
	Queensland Children's Hospital – Paediatric
NSW	The Children's Hospital at Westmead
	East Coast Renal Transplant Service - Prince of Wales Hospital
	John Hunter Hospital
	Royal North Shore Hospital
	The Kidney Centre - Royal Prince Alfred Hospital
	Westmead Hospital
	St Vincent's Hospital (Sydney)
	Sydney Children's Hospital (Randwick)
VIC	The Alfred Hospital
	Austin Hospital
	Monash Medical Centre (Adult and Paediatric units)
	Royal Children's Hospital
	The Royal Melbourne Hospital
	St Vincent's Hospital (Melbourne)
SA	Flinders Medical Centre
	Royal Adelaide Hospital
	Women's and Children's Hospital
WA	Perth Children's Hospital
	Fiona Stanley Hospital
	Sir Charles Gairdner Hospital
NZ	Auckland City Hospital
	Christchurch Hospital
	Wellington Regional Hospital

Heart transplant units	
QLD	The Prince Charles Hospital
NSW	St Vincent's Hospital (Sydney)
VIC	Alfred Hospital—Adults
	Royal Children's Hospital—Paediatric
WA	Fiona Stanley Hospital
NZ	Auckland City Hospital
Lung transplant units	
QLD	The Prince Charles Hospital
NSW	St Vincent's Hospital (Sydney)
VIC	Alfred Hospital – Adults and Paediatric
WA	Fiona Stanley Hospital
NZ	Auckland City Hospital
Adult liver transplant units	
QLD	Princess Alexandra Hospital
NSW	Royal Prince Alfred Hospital
VIC	Austin Hospital
SA	Flinders Medical Centre
WA	Charles Gairdner Hospital
NZ	Auckland City Hospital
Paediatric liver transplant units	
QLD	Queensland Children's Hospital
NSW	Children's Hospital at Westmead
VIC	Royal Children's Hospital (Melbourne)
NZ	Starship Children's Hospital
Pancreas transplant units	
NSW	Australian National Pancreas Transplant Unit - Westmead Hospital
VIC	Australian National Pancreas Transplant Unit - Monash Medical Centre
SA	South Australian & Northern Territory Islet Program - Royal Adelaide Hospital

Section 2

Kidney

2.1 Kidney allocation procedures

a. The allocation of kidneys from deceased donors is coordinated through the OrganMatch System (OM) according to the kidney allocation algorithm in the TSANZ Clinical Guidelines. The major criteria used by OM in allocations are blood group, HLA match, waiting time and donor specific antibodies. The system also maintains an approximate balance in donor kidneys between the states.

b. OrganMatch will generate an organ offering list (OOL) which determines the ranked order of recipients:
   i. National authorised deviation
   ii. National matching and allocation algorithm
   iii. State based allocation algorithm

c. The Donation Coordinator will offer the kidneys in order of rank, if a kidney is declined, then the kidney is offered to the next ranked recipient.

d. Under special circumstances a kidney may be allocated regardless of the OOL, this is known as an 'unplanned (exceptional) allocation'. In these circumstances the relevant transplant unit will be responsible for making clinical decisions regarding allocation.

e. New Zealand does not participate in the Australian OrganMatch System.

2.2 Referral procedures

a. Each jurisdiction will have agreed processes for referral of state based allocated kidneys. Refer to local Standard Operating Procedures.

b. When a kidney is allocated to an interstate recipient it is the responsibility of the state/territory Donation Specialist Coordinator to contact the appropriate person in the recipient state/territory and provide the kidney offer.

c. The Donation Specialist Coordinator from the donor state should make all reasonable attempts to refer the kidney prior to or during the donor retrieval surgery to minimise ischaemic times when kidneys are allocated interstate.

d. Transplant Unit surgical request for left or right kidney allocation for a recipient is acceptable practice and must be honoured at the time of allocation. This is a directive from TSANZ Renal Transplant Advisory Committee. If both recipient units require the same kidney for surgical reasons, a discussion between the implanting surgeons should be facilitated by the Donation Specialist Coordinator

e. Transplanting units will have **60 minutes** to accept or decline a kidney offer. If 60 minutes has passed without a response the kidney offer may go to the next recipient on the OOL.

2.3 Paediatric considerations

a. For donors aged greater than 5 years or greater than 20kg, kidney allocation should proceed as for adult donors via the generated OOL.

b. For donors >10kg to 20kg, or aged >1 to 5 years, standard allocation via a generated OOL also applies, although kidneys should be offered en-bloc in the first instance.

c. Potential smaller donors constitute a broad category with varying implications for the complexity of retrieval and transplant surgery, particularly in the case of donors <5kg or ≤3 months. Pre-allocation advice from transplant units regarding medical suitability and capacity to transplant kidneys from these potential donors should be sort.

The TSANZ provide the following recommendations for paediatric kidney donation and allocation.

Donor Age and Size Range	Offer of: Single Kidney (SK) En-bloc (EB)	Allocation
>20 kg or >5 years old	SK	Standard allocation
>10-20 kg or >1-5 years old	EB first, then SK as directed	Standard allocation with default to offer as EB. Transplant unit has discretion to opt for SK, in which case second kidney to be offer on as SK.
>5-10 kg or >3-12 months	EB	Allocation proceeds only after pre-allocation discussion/medical suitability with local experts.
<5 kg or ≤3 months	EB	Allocation to dedicated centres, identified as such to the donation sector, with specific protocols and relevant expertise to accept. ** Currently the Royal Prince Alfred and Westmead Hospitals in NSW have protocols for consideration of donors of this age and size range

Section 3

Heart

3.1 General allocation procedures

a. The heart is offered to the home state first, unless there is an urgent listing or a paediatric donor, refer to section 3.4 Paediatric considerations.

b. The heart urgent listings should be checked before any offer is made, and the ATCA/TSANZ Heart Allocation Rotation is bypassed when a heart is offered for an urgent listed patient.

c. When there are urgent listings, the home state unit is notified of the potential donor **PRIOR** to offering to any urgent listings. Once the home state waiver the offer, the urgent allocation procedures are to be followed, refer to section 3.5.1.

d. If the home state declines the offer then the ATCA/TSANZ Heart Allocation Rotation is utilised and offers are made in strict rotational order.

e. Victoria has two heart transplant units:
   I. The Royal Children's Hospital: the National Centre for Paediatric Heart Transplantation (NFC)
   II. The Alfred Hospital: the state Adult Heart Transplant Unit

f. When a heart is offered to Victoria both transplant units must receive the offer before moving to the next state on rotation. The rotation between the Paediatric and Adult units in Victoria is documented on the ATCA/TSANZ Heart Allocation Rotation kept by each DonateLife Agency.

g. The ATCA/TSANZ Heart Allocation Rotation is utilised for all heart offers originating from South Australia and the Northern Territory as they do not have a home state/territory transplant unit.

h. New Zealand is not included in the ATCA/TSANZ Heart Allocation Rotation. However, in the event that the heart is declined by all Australian heart transplant units, the offer may be made to New Zealand. **Please note:** this is not a TSANZ mandatory requirement. If this offer is made it is recorded in the Electronic Donor Record (EDR) and **not** on the Heart Allocation Rotation.

i. New Zealand heart offers that are declined by the New Zealand Heart Transplant Unit may be offered by New Zealand to recognised heart transplant units in Australia.

j. It is the responsibility of the DonateLife Agency Donation Specialist Coordinator to contact the appropriate person in each state and provide the heart offer.

3.2 DCDD heart allocation procedures

a. The St Vincent's Heart Lung Transplant Unit in NSW currently has the only Donation after circulatory determination of death (DCDD) Heart Transplant program in Australia.

b. Potential DCDD heart donors are patients ≤ 55 years of age.

c. The ATCA/TSANZ Heart Allocation Rotation is bypassed for all DCDD heart offers as NSW is the only unit able to consider these offers. The offer is recorded in the EDR.

d. A DCDD heart offer is made directly to the St Vincent's NSW Heart Lung Transplant Coordinator On-Call.

3.3 Paediatric considerations

a. The Nationally Funded Centre (NFC) Paediatric Heart Transplant program is based at the Royal Children's Hospital in Melbourne, Victoria.

b. All donors who are > 3kg and < 50 kg are potentially suitable heart donors for paediatric recipients and must be referred **first** to the Paediatric Heart Transplantation program for consideration. It may be appropriate to notify the home state unit prior to referring to the Paediatric Heart Transplant program.

c. The ATCA/TSANZ Heart Allocation Rotation is bypassed in this circumstance. The offer is recorded in the EDR.

d. In the event the heart offer is declined, the heart may be offered to home state and/or on the ATCA/TSANZ Heart Allocation Rotation.

3.4 Contacts for heart allocation

State	Contact person for heart offers	Contact Numbers
QLD	The Heart Lung Transplant Coordinator On-Call via The Prince Charles Hospital switch board	07 3139 4111
NSW	Heart/Lung Transplant Coordinator via On-Call mobile	0416 143 723
VIC	Heart Transplant Coordinator On-Call via Royal Children's Hospital switch board	03 9345 5522
	Heart/Lung Transplant Coordinator On-Call via the Alfred Hospital switch board	03 9076 2000
WA	Consultant on On-Call for Cardiac Transplant via Fiona Stanley Hospital switch board	08 6152 2222
NZ	Heart/Lung Transplant Coordinator On-Call via Auckland City Hospital switch board	0011 6493074949

3.5 Urgent Listings

3.5.1 Allocation procedures

a. When a patient's survival is estimated to be days or weeks without transplantation, the patient may be placed on the urgent list in which case the next compatible donor heart arising anywhere in Australia or New Zealand will be offered for that individual.

b. Urgent listing is at the discretion of the Transplant Unit Director. It is the responsibility of that unit to notify all other Cardiothoracic Transplant Units and the DonateLife Agencies in Australia and the New Zealand Donation Agency and Transplant Unit, when a patient is listed or delisted from the urgent list.

c. A patient placed on the urgent listing will remain active for two weeks. In the event that a person remains urgently listed beyond 2 weeks, re-notification of all Cardiothoracic Transplant Units, the DonateLife Agencies and the New Zealand Donation Agency is required fortnightly.

d. The ATCA/TSANZ Heart Allocation Rotation is bypassed when a heart is offered for a patient on the urgent listing. Acceptance or decline of an offer is not recorded on the rotation. In the event the heart is not accepted for any urgent listed patients the heart is offered back to the home state.

3.5.2 Multiple urgent listed patients

In the event that there are simultaneously listed urgent patients, the following process will be followed:

1. When there is more than one patient on the urgent heart listing, the compatible donor heart will be offered to the patient who was listed **first, however**

2. If a compatible donor becomes available in the same state as the urgently listed patient the heart will be offered first to the home state Transplant Unit, regardless of the order of listing.

For example:

There are two patients on the urgent heart listing, one from NSW the other from Victoria. The patient from NSW was listed first and the Victorian patient was listed two days later.

Scenario 1

Queensland has a donor. The heart will be offered first to the NSW patient. If NSW declines the offer, the heart will be offered to the Victorian patient. If declined then the heart will be offered to the Queensland home state transplant unit. If declined by home state, the heart will go back on offer using the ATCA/TSANZ Heart Allocation Rotation.

Scenario 2

Victoria has a donor. The heart would be offered first to the Victorian home state transplant unit for their urgent patient. If declined by Victoria, then the heart will be offered to the NSW patient. If declined then the heart will be offered to the Victorian home state transplant unit. If declined by home state, the heart will go back on offer using the ATCA/TSANZ Heart Allocation Rotation.

3.5.3 Listing urgent patient procedures

a. Once a patient has been assessed as meeting urgent status for heart transplantation by the Transplant Unit Director they (or his or her nominee) are responsible for notifying all other cardiothoracic Transplant Units Directors (or his or her nominee) in Australia and New Zealand.

b. The Transplant Unit Director is responsible for notifying the Transplant Coordinator in their state of the details of the patient who is to be placed on the Urgent List.

c. It is the responsibility of the Transplant Coordinator to then ensure the appropriate donor and transplant coordinators in Australia and New Zealand are notified of the urgent listing.

d. It is recommended that notification is by direct telephone conversations and not sent via email. This practice is to ensure that notification is confirmed at the time of listing and to avoid the potential of a missed heart offer in the event a donation is occurring at the time of listing.

e. The ATCA/TSANZ Urgent Heart Listing templates are to be utilised for documenting and recording of the notification process. There are two templates to be utilised.

   I. The **Interstate and New Zealand Urgent Heart Listing** template is for the Transplant Units and DonateLife Agencies to record details of interstate and New Zealand urgent heart listings.

   II. The state specific template **eg: NSW Urgent Heart Listing** is for each state and New Zealand that has a cardiothoracic Transplant Unit to record their notification process when listing a patient on the Urgent Heart List.

f. **BOTH** the donor and transplant coordinators in each state and New Zealand must be notified of the urgent listing. There is space on the templates to record the name of both coordinators who have received the listing details. The exception is in South Australia and the Northern Territory, where only the Donation Specialist Coordinator is notified.

3.5.4 Relisting and delisting urgent patient procedures

a. It is the responsibility of the Transplant Coordinator to notify the appropriate donor and transplant coordinators in Australia and New Zealand when a patient is to be relisted or delisted from the Urgent Heart List.

b. A patient placed on the urgent heart listing will remain active for two weeks. In the event that a person remains urgently listed beyond 2 weeks, re-notification of all Cardiothoracic Transplant Units and the DonateLife Agencies is required **fortnightly**.

c. In the event a patient is to be delisted the notification process needs to occur as soon as possible.

d. The ATCA/TSANZ Urgent Heart Listing templates are to be utilised for documenting and recording of the notification process when a patient is relisted or delisted.

3.5.5 Contact details for listing and delisting urgent patient

State	Transplant Coordinator Contacts	Contact numbers
QLD	The Heart Lung Recipient Coordinator On-Call via The Prince Charles Hospital switch board	07 3139 4111
NSW	Heart/Lung Transplant Coordinator via On-Call mobile	0416 143 723
VIC	Heart Transplant Coordinator On-Call via Royal Children's Hospital switch board	03 9345 5522
	Heart/Lung Transplant Coordinator On-Call via The Alfred Hospital switch board	03 9076 2000
WA	Consultant on On-Call for Cardiac Transplant via Fiona Stanley Hospital	08 6152 2222
NZ	Heart/Lung Transplant Coordinator On-Call via Auckland City Hospital switch board	0011 6493074949

State	Donation Specialist Coordinator Contacts	Contact numbers
QLD	Donation Specialist Coordinator On-Call	07 3176 2111
NSW	Donation Specialist Coordinator On-Call	02 9963 2801
VIC	Donation Specialist Coordinator On-Call	03 9347 0408
WA	Donation Specialist Coordinator On-Call	08 6457 3333
SA	Donation Specialist Coordinator On-Call	08 8378 1671
NT	Donation Specialist Coordinator On-Call	08 8922 8888
TAS	Donation Specialist Coordinator On-Call	03 6166 8308
NZ	Donation Specialist Coordinator On-Call	0011 6496300 935

Section 4

Lung

4.1 General allocation procedures

a. The lungs are offered to the home state first for all donors who are >120cm or over 16 years of age.

b. For donors between >8 kg and/or <120 cm and/or ≤16 years of age, refer to section 4.3 paediatric considerations.

c. If the home state does not have a Cardiothoracic Transplant Unit then the lungs are allocated via the Heart Lung Bloc Allocation procedure (see section 5).

d. If the home state declines the offer then the ATCA/TSANZ Lung Allocation Rotation is utilised and offers are made in strict rotational order.

e. In Victoria there is a single Lung Transplant Unit for both adult and paediatric patients, based at the Alfred Hospital. All lung offers to Victoria are made to the Alfred Hospital.

f. It is the responsibility of the DonateLife Agency Donation Specialist Coordinator to contact the appropriate person in each state and New Zealand and provide the lung referral.

4.2 National notification procedures

a. Although there is no specific official national priority urgent lung listing category, under some circumstances, a lung transplant wait list patient from one state may be notified to other state Lung Transplant Programs in an attempt to increase their opportunities for lung allocation and transplantation. This process is termed National Notification by TSANZ.

b. National notification for lung transplantation is at the discretion of the Lung Transplant Unit Director. It is the responsibility of that units Lung Transplant Director (or his or her nominee) to notify all other Lung Transplant Units. It is not routine practice to notify the DonateLife Agencies in Australia and the New Zealand Donation Agency when a patient is placed on or removed from the national notification list.

c. A national notification from one state is not binding on other states. A national notification does not override lung allocation standard procedures.

d. The Donation Coordinator will be informed by the home state lung transplant unit at the time of offering the lungs, if the home state will waiver the offer for a patient on the national notification list.

e. In this circumstance the ATCA/TSANZ Lung Allocation Rotation is bypassed when lungs are offered for a patient on the national notification list. Acceptance or decline of an offer is not recorded on the rotation. The Donation Coordinator will record this offer in the EDR.

4.3 Paediatric considerations

a. The Nationally Funded Centre (NFC) Paediatric Lung Transplantation program is based at the Alfred Hospital in Melbourne, Victoria.

b. All paediatric donors who are >8kg and <120cm and/or ≤16 years of age are potentially suitable lung donors for paediatric recipients and must be referred **first** to the Paediatric Lung Transplantation program for consideration. It may be appropriate to notify the home state unit prior to referring to the Paediatric Lung Transplant program.

c. The ATCA/TSANZ Lung Allocation Rotation is bypassed in this circumstance. The offer is recorded in the EDR.

d. In the event the lung offer is declined, the lungs may be offered to home state and/or on the ATCA/TSANZ Lung Allocation Rotation.

4.4 Contacts for lung allocation

State	Contact person for lung offers	Contact numbers
QLD	The Heart Lung Recipient Coordinator On-Call via The Prince Charles Hospital switch board	07 3139 4111
NSW	Heart/Lung Transplant Coordinator via On-Call mobile	0416 143 723
VIC	**Adult and NFC Paediatric Lung Transplant Program** Heart/Lung Transplant Coordinator On-Call via the Alfred Hospital switch board	03 9076 2000
WA	Advanced Lung Disease Unit Nurse On-Call via Fiona Stanley Hospital switch board	08 6152 2222
NZ	Heart/Lung Transplant Coordinator On-Call via Auckland City Hospital switch board	0011 6493074949

Section 5

Heart Lung Bloc

5.1 General allocation procedures

a. In the event the home state declines **BOTH** the donor heart and lungs the **heart/lung bloc** is offered using the ATCA/TSANZ Lung Allocation Rotation.

b. The first state on the Lung Allocation Rotation has the following options:

   i. Accept the heart/lung bloc for a single recipient
   ii. Accept the heart and lungs for two separate recipients
   iii. Accept one of the organs and decline the other
   iv. Decline both organs

c. When the first state on rotation accepts only one of the thoracic organs the remaining organ is offered as per that organ's allocation rotation.

   For example:

   i. Lungs are accepted: heart is offered to the next state on the Heart Allocation Rotation
   ii. Heart is accepted: lungs are offered to the next state on the Lung Allocation Rotation

d. When moving to the heart rotation the first state for offer may be the state that has declined the heart during the bloc offer process. Simply document this in the heart rotation comments for that state and offer to next state on rotation.

e. When offering a heart/lung bloc to Victoria both the paediatric and adult transplant units must be contacted before moving on to the next state on rotation. This is to remove any disadvantage to the Royal Children's Hospital and to ensure the unit receives the opportunity to accept the heart only from the bloc.

   For example:

   i. Victoria is first state on the lung rotation with the paediatric unit at the Royal Children's Hospital to receive first offer of the bloc. The paediatric unit accepts the heart from the bloc offer. The lungs are then offered to the adult unit at the Alfred before offering to the next state on rotation.

   ii. However, when Victoria is first state on the lung rotation with the adult unit to receive first offer and they accept the heart and decline the lungs, the paediatric unit would not be offered the lungs (see section 4.1.e) In this scenario the lungs would be offered to the next state on rotation and the paediatric unit would be bypassed.

f. It is the responsibility of the DonateLife Agency Donation Specialist Coordinator or equivalent to contact the appropriate person in each state and provide the heart/lung bloc offer referral.

5.2 Paediatric considerations

a. Paediatric heart-lung transplants are performed by the Nationally Funded Centre (NFC) Paediatric Heart-Lung Transplant Centre at the Alfred Hospital, Victoria.

b. All donors who are ≤16 years of age and <50kg are potentially suitable heart-lung bloc donors for paediatric recipients and must be **referred as a bloc first** to the Paediatric Heart-Lung Transplantation Centre for consideration. It may be appropriate to notify the home state unit prior to referring to the Paediatric Heart-Lung Transplant program.

c. The ATCA/TSANZ Lung and Heart Allocation Rotations are bypassed in this circumstance. The offer is recorded in the EDR.

d. The NFC Paediatric Heart-Lung Transplant Centre has the following options:

   i. Accept the heart/lung bloc for a single paediatric recipient
   ii. Accept the lungs for a paediatric recipient
   iii. Decline both organs

e. When the lungs are accepted for a paediatric recipient, the **heart must** then be offered to the NFC Paediatric Heart Transplant program at the Royal Children's Hospital, Victoria.

f. When both the heart and lungs are declined by BOTH of the NFC Paediatric centres then the organs are offered to home state and/or on the ATCA/TSANZ Lung and Heart Allocation Rotations.

5.3 Contacts for heart lung bloc allocation

State	Contact person for heart lung bloc offers	Contact Numbers
QLD	The Heart Lung Recipient Coordinator On-Call via **The Prince Charles Hospital** switch board	07 3139 4111
NSW	Heart/Lung Transplant Coordinator via On-Call mobile	0416 143 723
VIC	Heart Transplant Coordinator On-Call via **Royal Children's Hospital** switch board	03 9345 5522
	Heart/Lung Transplant Coordinator On-Call via the **Alfred Hospital** switch board	03 9076 2000
WA	1st Contact: Advanced Lung Disease Unit Nurse On-Call via **Fiona Stanley Hospital** switch board **then required to contact:** Consultant on On-Call for Cardiac Transplant via **Fiona Stanley Hospital** switch board	08 6152 2222
NZ	Heart/Lung Transplant Coordinator On-Call via **Auckland City Hospital** switch board	0011 6493074949

Section 6

Liver

6.1 General allocation procedures

a. There are two ATCA/TSANZ Liver Allocation Rotations: Adult and Paediatric. An adult is defined as a donor 18 years or older. A paediatric is defined as a donor less than 18 years of age.

b. The liver is offered to home state first, unless:
   i. there is an urgent listing
   ii. paediatric donor and home state do not have a paediatric liver transplant program (refer to section 6.3)

c. The urgent listings should be checked before any offer is made and the ATCA/TSANZ Liver Allocation Rotation is bypassed when a liver is offered for an urgent listed patient.

d. When there are urgent listings, the home state unit is notified of the potential donor **PRIOR** to offering to any urgent listings. Once the home state waiver the offer, the urgent listing allocation procedures are to be followed (refer to section 6.4)

e. If the home state declines the offer then the appropriate ATCA/TSANZ Liver Allocation Rotation is utilised and offers are made in strict rotational order.

6.2 Adult liver allocation

a. When the home state is unable to accept an adult donor liver the **WHOLE** liver will be offered on the ATCA/TSANZ Adult Liver Allocation Rotation.

b. The decision to split the liver is made by the home state Liver Transplant Unit. In the event the home state decides to split the liver but can only transplant one recipient, the remaining right or left segment will be offered on the appropriate liver rotation.

   i. Right segment to be allocated interstate: offer on Adult Liver Allocation Rotation
   ii. Left segment to be allocated interstate: offer on Paediatric Liver Allocation Rotation

c. The WA and SA Liver Transplant Units have an agreement supported by TSANZ in place when a liver is not accepted in either home state. The liver will be offered first to each other **PRIOR** to offering the liver on the ATCA/TSANZ Liver Allocation Rotation. As a result, and for the purpose of the ATCA/TSANZ Adult Liver Allocation Rotation, WA and SA are treated as two units from one state. The allocation process in this situation is identical to the heart offers to the two Victoria Transplant Units.

d. It is the responsibility of the DonateLife Agency Donation Specialist Coordinator to contact the appropriate person in each state and provide the liver offer referral.

6.3 Paediatric Liver Allocation

a. Paediatric donor livers **MUST** first be offered to paediatric recipients.
   i. A paediatric donor liver is defined as being procured from a donor less than 18 years of age.
   ii. A paediatric liver recipient is defined as a recipient less than 18 years of age.

b. The currently recognised paediatric liver transplant units are located in Queensland, New South Wales, Victoria and New Zealand (refer to section 1.4).

c. The home state unit is notified of the potential donor. When the home state is unable to allocate a paediatric donor liver to a paediatric recipient the **WHOLE** liver will be offered on the ATCA/TSANZ Paediatric Liver Allocation Rotation.

d. Paediatric livers will only be considered for adult recipient in two circumstances:

   i. In the event the liver cannot be allocated to a paediatric recipient within Australia and New Zealand, the home state can allocate to an adult recipient. In the event home state do not have a suitable recipient the liver is offered on the ATCA/TSANZ Adult Liver Allocation Rotation

   ii. There is a very sick/dying potential adult recipient in the donor home state. Allocation in this circumstance requires discussion and consensus by the Paediatric Liver Transplant Units Directors (or they delegate)

6.3.1 Paediatric split liver

a. In some cases, the paediatric donor liver is big enough to split into 2 grafts. In this circumstance the home state may allocate both left and right grafts to paediatric recipients on their waiting list.

b. In the event the home state does not have a second suitable paediatric recipient, the remaining graft (either left or right) will be offered on the ATCA/TSANZ Paediatric Liver Allocation Rotation.

c. In the event the split liver segment cannot be allocated to a paediatric recipient within Australia and New Zealand, the home state can allocate to an adult recipient.

6.4 Contacts for adult and paediatric liver allocation

State	Contact for adult and paediatric liver offers	Contact numbers
QLD	Donation Specialist Coordinator On-Call via the Princess Alexandra Hospital switch board	07 3176 2111
NSW	Liver Transplant Coordinator via Royal Prince Alfred Hospital switch board	02 9515 6111
VIC	Liver Transplant Coordinator via Austin Hospital switch board	03 9496 5000
WA	Donation Specialist Coordinator On-Call via Sir Charles Gairdner Hospital switch board	08 6457 3333
SA	Liver Transplant Coordinator via Flinders Medical Centre switch board	08 8204 5511
NZ	Donation Specialist Coordinator On-Call	00116496300935

6.5 Urgent Listings

6.5.1 Urgent Listing Categories

a. Livers available within Australian jurisdictions and New Zealand are normally allocated to patients within these jurisdictions but in some cases, patients on the Urgent List anywhere in Australia and New Zealand may have priority for the donated organs.

b. Patients can be considered for urgent listing if they meet the appropriate listing criteria that are laid out in the TSANZ Clinical Guidelines for Cat 1 and 2 urgent listings.

c. It is the responsibility of the Liver Transplant Unit listing a patient on the urgent list or delisting a patient from the list to notify all Australian Liver Transplant Units, DonateLife Agencies, and the New Zealand Donation Service and Transplant Unit.

Category 1

1. Patients suitable for transplantation with acute liver failure who are ventilated and in risk of imminent death
2. Allocation to them is mandatory
3. Relisting is required every 72 hours

Category 2a

1. Patients with acute liver failure that are not yet ventilated but meet Kings College Criteria or paediatric patients with severe acute or chronic liver disease who have deteriorated and are in an intensive care unit
2. Allocation is usual but not mandatory. It is subject to discussion between directors (or delegates) of donor and recipient state/NZ transplant units
3. Relisting every 72 hours is required

Category 2b

1. Paediatric patients with severe metabolic disorders or hepatoblastoma for whom a limited time period exists during which liver transplantation is possible
2. Relisted on a weekly basis

Category 2c

1. Patients awaiting combined liver-intestine transplant by the National Intestinal Transplantation program in Victoria
2. Potential donors must be discussed with Victoria unless the home state has a liver recipient with a MELD score of 25 or greater
3. Exempt from relisting requirements

6.5.2 Allocation procedures

a. When there is a **Category 1** urgent listing, the home state will be informed of the donor liver but it is mandatory the liver is offered first to the urgently listed patient. If the offer is declined for the urgent listed patient, the liver is offered back to the home state.

b. When there is a **Category 2a or 2b** urgent listing, allocation to the urgent listed patient is usual but not mandatory. It is subject to discussions between the liver transplant centres of the donor and recipient state/NZ. If the offer is declined for the urgent listed patient, the liver is offered back to the home state.

c. If a Category 1 offer is declined then any Category 2 listed patients must be considered prior to offering the liver back to the home state.

d. If the home state declines the offer then the appropriate ATCA/TSANZ Interstate Liver Allocation Rotation is utilised and offers are made in strict rotational order.

e. The ATCA/TSANZ Liver Allocation Rotations are bypassed when a liver is offered for a patient on the urgent listing. Acceptance or decline of an offer is not recorded on the rotation. In the event the liver is not accepted for any urgent listed patients the liver is offered back to the home state.

6.5.3 Multiple urgent listed patients

In the event that there are simultaneous multiple Category 1 urgent liver listing, the Liver and Intestinal Transplant Advisory Committee (LITAC) have agreed to the following process;

1. If there is one Category 1 liver listed within Australia & New Zealand, then the donor liver is automatically offered to that state's liver unit first

2. If there are 2 or more Category 1 livers listed, with one of those being within the home state of the donor, the offer should be made to the home state first, regardless of when the listing was made

3. If there are 2 or more Category 1 livers listed, with no category 1 listing from within the home state of the donor, the first offer will go to the patient who was first listed as urgent.

NOTE: LITAC state that it is paramount that discussions occur between the unit receiving the Category 1 offer and any other unit with a simultaneous Category 1 listing to ensure the 'sickest' patient receives the potential transplant.

For example

Two patients are listed as Category 1, one from Queensland (QLD) and one from South Australia (SA). The patient from QLD was listed first and the SA patient was listed two days later.

Scenario 1

The donor location is NSW

1. The liver would be offered first to QLD
2. The QLD liver unit will have discussions with the SA liver unit regarding which unit will receive the offer based on urgency of each listed patient
3. QLD agree to waiver the offer to SA
4. If SA decline the liver the offer would return to QLD for their urgent
5. If QLD decline the offer, then the offer would return to the NSW home state
6. If the NSW home state decline the offer, the liver is offered on the ATCA/TSANZ Liver Allocation Rotation

Scenario 2

The donor location is SA

1. The liver would be offered to the SA liver unit first as the home state
2. The SA liver unit will have discussions with the QLD liver unit regarding which unit will receive the offer based on urgency of each listed patient
3. It is agreed that SA is to receive the offer
4. If SA decline the liver for their urgent patient the offer is then given to QLD
5. If QLD decline the offer, the offer would return to the SA home state
6. If the SA home state decline the offer, the liver is to be offered on the ATCA/TSANZ Liver Allocation Rotation

6.5.4 Listing urgent patient procedures

a. When a patient has been assessed and meets the urgent status for a liver transplantation by the Transplant Unit Director they (or delegate) are responsible for notifying the Transplant Coordinator in their state and providing the patient's details.

b. It is the responsibility of the Transplant Coordinator to ensure the appropriate donation and transplant coordinators in Australia and New Zealand are notified of the urgent listing. In Western Australia the person responsible for notification will be the Donation Specialist Coordinator.

c. It is recommended that notification is by direct telephone conversations and not sent via email. This practice is to ensure that notification is confirmed at the time of listing and to avoid the potential of a missed liver offer in the event a donation is occurring at the time of listing.

d. When a Category 2a patient is being listed an Australian and New Zealand Liver Transplant Registry (ANZLTR) Urgent Listing Data Form must be completed by the Liver Transplant Unit and provided to the ANZLTR Manager at the time of notification. When notification occurs outside of business hours it is acceptable to provide the ANZLTR Urgent Listing Data Form the next working day. The form may be emailed or faxed. This form is not required for Category 1 or 2b patients.

e. The ATCA/TSANZ Urgent Liver Listing templates are to be utilised for documenting and recording of the notification process. There are two templates to be utilised.

    i. The Interstate and New Zealand Urgent Liver Listing template is for the Transplant Units and DonateLife Agencies to record details of interstate and New Zealand urgent liver listings.

    ii. The state specific template eg: NSW Urgent Liver Listing is for each state and New Zealand that has a liver Transplant Unit to record the notification process when listing a patient on the Urgent Liver List.

f. **BOTH** the donation and transplant coordinators in each state and New Zealand must be notified of the urgent listing. The names of both coordinators are required to be recorded in the above interstate and state specific templates, with the exception of Tasmania, Western Australia and the Northern Territory, where only the Donation Specialist Coordinator is notified.

6.5.5 Relisting and delisting urgent patient procedures

a. It is the responsibility of the Transplant Coordinator to notify the appropriate donation and transplant coordinators in Australia and New Zealand when a patient is to be either relisted or delisted from the Urgent Liver List. In Western Australia the person responsible for notification is Donation Specialist Coordinator.

b. In the event a patient is to be relisted the notification process must occur at the required time frames.
   i. Category 1 and 2a every 72 hours
   ii. Category 2b weekly

c. When relisting a Category 2a patient an updated ANZLTR Urgent Listing Data form must be provided to the ANZLTR Manager at the time of notification.

d. A patient will be delisted as a result of receiving a transplant, improving, no longer fit for transplant or death occurring. In the event a patient is to be delisted the notification process is expected to be prompt to avoid unnecessary liver offers being made.

e. The ATCA/TSANZ Urgent Liver Listing templates are to be utilised for documenting and recording of the notification process when a patient is relisted or delisted.

6.5.6 Contact details for listing and delisting urgent patient

State	Transplant Coordinator Contacts	Contact numbers
NSW	Liver Transplant Coordinator On-Call via Royal Prince Alfred Hospital switch board	02 9515 6111
VIC	Liver Transplant Coordinator On-Call via Austin Hospital switch board	03 9496 5000
QLD	Liver Transplant Coordinator On-Call via Princess Alexandra Hospital switch board	07 3176 2111
SA	Liver Transplant Coordinator On-Call via Flinders Medical Centre switch board	08 8204 5511
NZ	Liver Transplant Coordinator On-Call	0011 649 3074949

State	Donation Specialist Coordinator Contacts	Contact numbers
QLD	Donation Specialist Coordinator On-Call	07 3176 2111
NSW	Donation Specialist Coordinator On-Call	02 9963 2801
VIC	Donation Specialist Coordinator On-Call	03 9347 0408
WA	Donation Specialist Coordinator On-Call	08 6457 3333
SA	Donation Specialist Coordinator On-Call	08 8378 1671
NT	Donation Specialist Coordinator On-Call	08 8922 8888
TAS	Donation Specialist Coordinator On-Call	03 6166 8308
NZ	Donation Specialist Coordinator On-Call	0011 649 6300935

Section 7

Intestinal/Multivisceral

7.1 General allocation procedures

a. There is a single Intestinal Transplant program in Australia located at the Austin Hospital and the Royal Children's Hospital in Victoria.

b. The Intestinal Transplant program treats both adult and paediatric patients from all over Australia and New Zealand. Patients may be listed for isolated small bowel or multivisceral which may be a combination of small bowel, pancreas, stomach, duodenum, liver and kidney.

c. The Renal Transplant Advisory Committee (RTAC) has endorsed the allocation of a kidney (if required) to accompany the intestine (and other abdominal organs as necessary).

d. The active Intestinal/Multivisceral transplantation national waiting list is for both adults and paediatrics is reviewed regularly and provided weekly to all liver transplant units in Australia and New Zealand.

e. As of March 2021, there is no requirement for an ATCA/TSANZ Intestinal/multivisceral allocation rotation.

7.2 Intestine and liver/multivisceral allocation procedures

a. Patients listed for a combined intestinal-liver transplant are Category 2c urgent listings.

b. The procedure to offer a combined intestinal-liver to the Intestinal Transplant program begins with a clinical decision by the donor home state Liver Transplant unit and involves the following steps.

    1. A donor liver is offered as per the standard procedure to the home state Liver Transplant unit, providing there are no current Category 1 or 2a / 2b listed patients.

    2. The home state Liver Transplant Unit are reminded at the time of the liver referral of Category 2c patients on the Intestinal/multi-visceral waiting list.

    3. The decision to waive the liver offer is discretionary and involves discussion between the home state transplant unit and the Intestinal Transplant program.

    4. If the home state unit agree to waiver the liver for a Category 2c listing, then a formal offer will be made directly to the Liver Transplant Coordinator on-call at the Austin Hospital.

7.3 Isolated intestine allocation procedures

a. Donors aged < 50 years will be offered to the Intestinal Transplant Unit in Victoria.

b. Both, intestine alone and intestinal and kidney combined offers, are made directly to the Liver Transplant Coordinator on call at the Austin Hospital.

7.4 Contact details for Intestinal/multivisceral allocation

State	Contact for intestinal/multivisceral offers	Number
VIC	Liver Transplant Coordinator On-Call via Austin Hospital switchboard	03 9496 5000

Section 8

Pancreas and Islets

8.1 General allocation procedures

a. For combined pancreas/kidney transplants, the LEFT kidney is always preferred.

b. Offers of pancreas for islets are only made when the whole organ has been declined for transplantation or when the potential donor is >45 and <65 years of age.

c. When a suitable pancreas is donated for a simultaneous pancreas and kidney transplant, one of the donor kidneys is allocated for the recipient of the pancreas. If a second donor kidney is available it is allocated according to OrganMatch (OM) to a kidney alone recipient.

d. However, if there is a second kidney alone recipient who has a very good match at Level 1, 2 or 3 in OM, the allocation to the simultaneous pancreas and kidney patient will be overridden and the second kidney will be allocated to the kidney alone patient identified in OM. The override is to be recorded in the monthly organ allocation audit report.

e. It is the responsibility of the Donation Specialist Coordinator to contact the appropriate person in each state and provide the pancreas/islets referral.

8.2 Pancreas and islet allocation procedures

There are three solid pancreas transplant units in Australia

i. Australian National Pancreas Transplant Unit, Westmead Hospital, NSW
ii. Australian National Pancreas Transplant Unit, Monash Medical Centre, Victoria
iii. South Australian & Northern Territory Islet Program Royal Adelaide Hospital, South Australia

There are three islet transplant units in Australia:

i. Westmead Hospital, NSW
ii. St Vincent's Hospital Melbourne, VIC
iii. Royal Adelaide Hospital, SA

8.3 Home State Transplant Units

All Australian states and territories have a pancreas and islet transplant unit as their recognised Home State Transplant Unit as per below:

a. QLD, NSW, ACT, WA, and NT
Home state transplant unit is Westmead Hospital, NSW

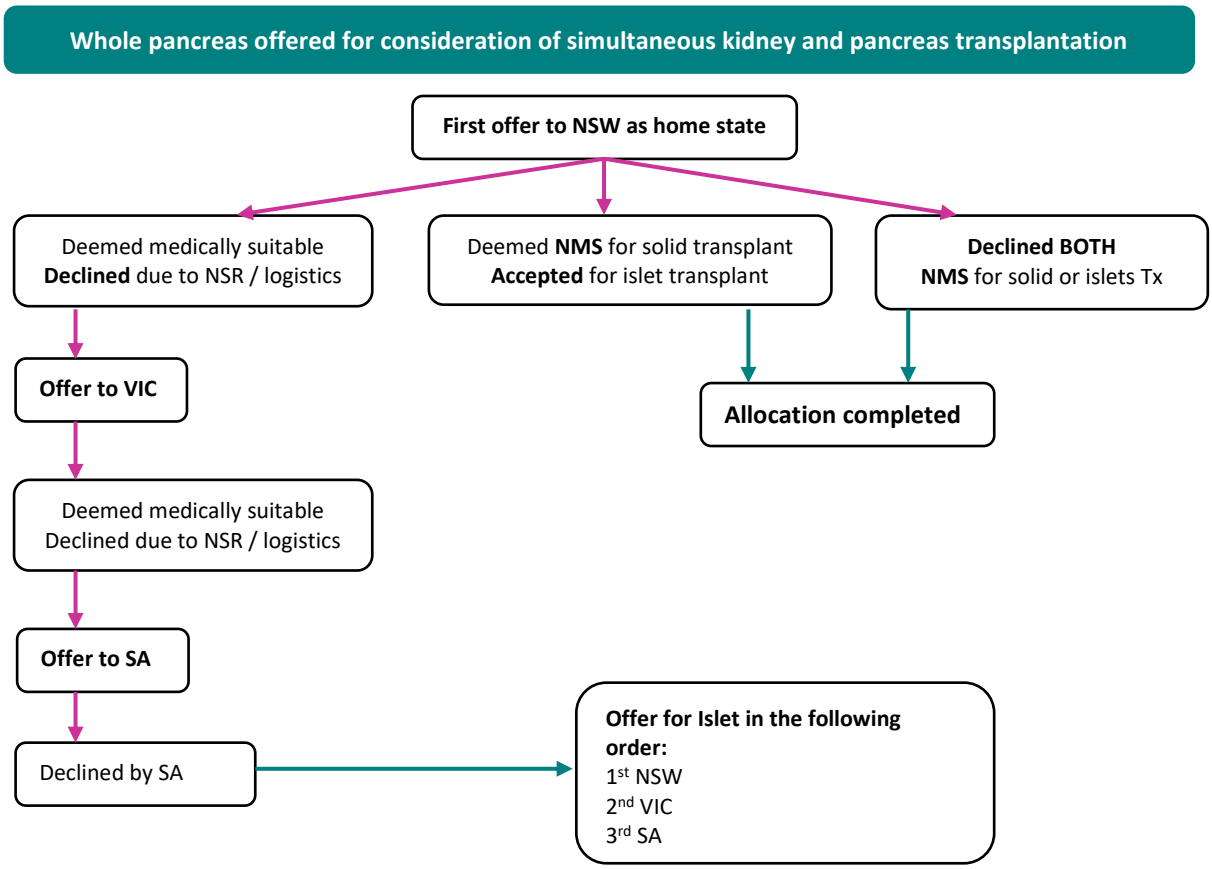
b. VIC and TAS
Home state transplant unit is Monash Medical Centre and St Vincent's Hospital, VIC

c. SA
Home state transplant unit is Royal Adelaide Hospital, SA

8.4 Allocation process

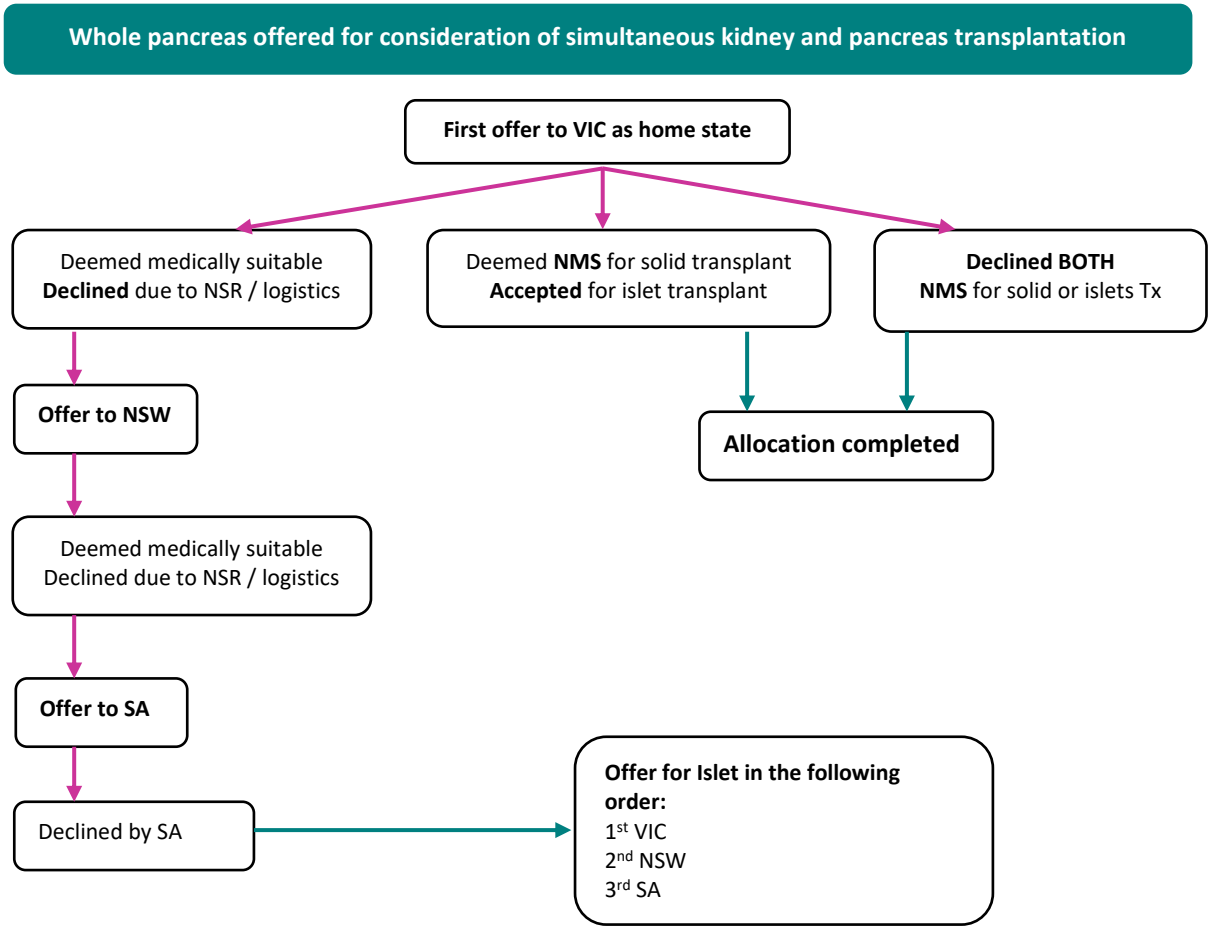
a. There is no requirement for an ATCA/TSANZ pancreas allocation rotation.
b. Donor pancreas organs are allocated in the following state or territory specific way.

8.4.1 Allocation process QLD, NSW, ACT, WA, and NT
Home State Transplant Unit is Westmead Hospital NSW



*** If all centres decline the pancreas for transplantation (whole and islet) it may be used for research if appropriate consent is obtained.

8.2.2 Allocation process for VIC and TAS
Home State Transplant Unit is Monash Medical Centre, VIC



*** If all centres decline the pancreas for transplantation (whole and islet) it may be used for research if appropriate consent is obtained.

8.2.3 Allocation process for SA
Home State Transplant Unit is Royal Adelaide Hospital, SA

The **whole pancreas** is offered to the Royal Adelaide Pancreas Transplant Unit for consideration of simultaneous kidney and pancreas transplantation.

a. If Royal Adelaide deemed the pancreas not medically suitable for transplant but accept for islets, then allocation is complete.

b. If Royal Adelaide deemed the pancreas not medically suitable for both solid transplant and islet transplant, then the allocation is complete.

c. If the pancreas is deemed medically suitable for transplantation BUT Royal Adelaide decline the offer due to no suitable recipient or logistical reasons, then the whole pancreas is offered on a rotational basis between Monash Medical Centre in VIC and Westmead Hospital in NSW. The SA DonateLife Agency is responsible for maintaining the internal rotation.

d. If the first unit on rotation is unable to utilise the pancreas, it will be offered to the other unit.

e. The rotation will then change to the succeeding transplant unit who will receive the first offer next.

f. When ALL centres decline for the pancreas for solid transplant, the pancreas is offered back to Royal Adelaide for islet transplantation, followed by VIC and NSW on rotation.

g. If all centres decline the pancreas for transplantation (whole and islet) it may be used for research if appropriate consent is obtained.

8.2.4 Allocation process for New Zealand

Donor pancreases arising in New Zealand are initially offered to the Auckland National Pancreas Transplant Unit. If the Auckland Unit is unable to use the pancreas then the Australian National Pancreas Transplant Units (Westmead and Monash) will receive the offer.

8.2.5 Contacts for pancreas and islet allocation

State	Contact for pancreas/islets offers	Contact numbers
NSW	Pancreas & Islet offer: Pancreas Transplant Coordinator via Westmead Hospital Switch Board	02 8890 5555
SA	Pancreas & Islet offer: Renal On-Call Consultant via Royal Adelaide Hospital Switch Board	08 7074 0000
VIC	Pancreas offer: Switch Board at Monash Medical Centre and request to speak to Nephrologist on call	03 9594 6666
	Islet offer: Islet Transplant Coordinator via On-Call mobile St Vincent's Hospital	0418 382 987

APPENDIX 1

ATCA-TSANZ Organ Allocation Rotations

The below tables contain the specific state organ rotations with both the state transplant units included and order of rotation.

QUEENSLAND ROTATIONS

HEART	LUNG	HEART LUNG BLOC	ADULT LIVER	PAEDIATRIC LIVER
NSW	NSW	NSW	NSW	NSW
WA	VIC	VIC (Adult) VIC (Paediatric)	VIC	VIC
VIC (Paediatric) VIC (Adult)	NSW	NSW	SA / WA	NZ
NSW	VIC	VIC (Paediatric) VIC (Adult)	NZ	NSW
WA			NSW	VIC
VIC (Adult) VIC (Paediatric)			VIC	NZ
			WA / SA	
			NZ	

NEW SOUTH WALES ROTATIONS

HEART	LUNG	HEART LUNG BLOC	ADULT LIVER	PAEDIATRIC LIVER
QLD	QLD	QLD	QLD	QLD
VIC (Paediatric) VIC (Adult)	VIC	VIC (Adult) VIC (Paediatric)	VIC	VIC
WA	QLD	QLD	SA / WA	NZ
QLD	VIC	VIC (Paediatric) VIC (Adult)	NZ	QLD
VIC (Adult) VIC (Paediatric)			QLD	VIC
WA			VIC	NZ
			WA / SA	
			NZ	

VICTORIA ROTATIONS

HEART	LUNG	HEART LUNG BLOC	ADULT LIVER	PAEDIATRIC LIVER
QLD	QLD	QLD	QLD	QLD
NSW	NSW	NSW	NSW	NSW
WA	QLD	QLD	SA / WA	NZ
QLD	NSW	NSW	NZ	QLD
NSW			QLD	NSW
WA			NSW	NZ
			WA / SA	
			NZ	

TASMANIA ROTATIONS

HEART	LUNG	HEART LUNG BLOC	ADULT LIVER	PAEDIATRIC LIVER
QLD	QLD	QLD	QLD	QLD
NSW	NSW	NSW	NSW	NSW
WA	QLD	QLD	SA / WA	NZ
QLD	NSW	NSW	NZ	QLD
NSW			QLD	NSW
WA			NSW	NZ
			WA / SA	
			NZ	

SOUTH AUSTRALIA ROTATIONS

HEART	LUNG	HEART LUNG BLOC	ADULT LIVER	PAEDIATRIC LIVER
QLD	QLD	QLD	QLD	QLD
NSW	NSW	NSW	NSW	NSW
VIC (Paediatric) VIC (Adult)	VIC	VIC (Adult) VIC (Paediatric)	VIC	VIC
WA	WA	WA	NZ	NZ
QLD	QLD	QLD	QLD	QLD
NSW	NSW	NSW	NSW	NSW
VIC (Adult) VIC (Paediatric)	VIC	VIC (Paediatric) VIC (Adult)	VIC	VIC
WA	WA	WA	NZ	NZ

WESTERN AUSTRALIA ROTATIONS

HEART	LUNG	HEART LUNG BLOC	ADULT LIVER	PAEDIATRIC LIVER
QLD	QLD	QLD	QLD	QLD
NSW	NSW	NSW	NSW	NSW
VIC (Paediatric) VIC (Adult)	VIC	VIC (Adult) VIC (Paediatric)	VIC	VIC
QLD	QLD	QLD	NZ	NZ
NSW	NSW	NSW	QLD	QLD
VIC (Adult) VIC (Paediatric)	VIC	VIC (Paediatric) VIC (Adult)	NSW	NSW
			VIC	VIC
			NZ	NZ

NORTHERN TERRITORY ROTATIONS

HEART	LUNG	HEART LUNG BLOC	ADULT LIVER	PAEDIATRIC LIVER
QLD	QLD	QLD	QLD	QLD
NSW	NSW	NSW	NSW	NSW
VIC (Paediatric) VIC (Adult)	VIC	VIC (Adult) VIC (Paediatric)	VIC	VIC
WA	WA	WA	WA	NZ
QLD	QLD	QLD	QLD	QLD
NSW	NSW	NSW	NSW	NSW
VIC (Adult) VIC (Paediatric)	VIC	VIC (Paediatric) VIC (Adult)	VIC	VIC
WA	WA	WA	WA	NZ

NEW ZEALAND ROTATIONS

HEART	LUNG	HEART LUNG BLOC	ADULT LIVER	PAEDIATRIC LIVER
QLD	QLD	QLD	QLD	QLD
NSW	NSW	NSW	NSW	NSW
VIC (Paediatric) VIC (Adult)	VIC	VIC (Adult) VIC (Paediatric)	VIC	VIC
QLD	QLD	QLD	SA / WA	QLD
NSW	NSW	NSW	QLD	NSW
VIC (Adult) VIC (Paediatric)	VIC	VIC (Paediatric) VIC (Adult)	NSW	VIC
			VIC	
			WA / SA	

VERSION CONTROL

Version #	Changes made	Approved by	Date
3.0	• Transfer of ATCA/ TSANZ *'Organ allocation, organ rotation, urgent listings and auditing processes'* V2.2 Interim April 2021 into new format • Addition of TSANZ role in the Responsibility section • Removal of non-nationals reference in General Principles for non-kidney organ allocation • Removal of reference to requirement to notify interstate committees and DonateLife Agencies of combined transplant listings • Removal of reference to Hepatitis C Positive register in Kidney Allocation procedures • Additional of notification to home state prior to offering to urgent listings • Addition of updated and expanded paediatric considerations in the kidney, heart, lung, heart lung bloc and liver sections to align with TSANZ Clinical Guidelines V 1.7 September 2021 • Updated age range and terminology for Donation after circulatory determination of death (DCDD) heart allocation • Addition of Lung National Notification Procedures with terminology change • Update and clarification on pancreas offer process • Additional clarification of Intestinal allocation procedures • Removal of Section 4 – The Organ Allocation Rotation Audit • New Appendix 1 – ATCA-TSANZ Organ Allocation Rotations: Addition of each state/territory and New Zealand organ allocation rotations with state transplant units and order of rotation • Removal of all Appendices of examples of Urgent Listing templates and organ rotations • Removal of Appendix 7 – Intestinal Listing • Removal of Appendix 8 – Miscellaneous Listing • Removal of Appendix 9 - Kidney Allocation Algorithms • Removal of Appendix 10 – Guidelines for Donor Referral (Victorian Intestinal Unit Protocol 2015)		October 2021