Manual M-2, Professional Services. Part XIV, Surgical Service

Chapter 7, Renal Disease Treatment Program—Transplantation
(Paragraphs 7.01 through 7.04; Appendix 7A)
Revision of Chapter 7 dated June 3, 1971

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PART XIV

M-2

VETERANS ADMINISTRATION

DEPARTMENT OF MEDICINE AND SURGERY MANUAL

PROFESSIONAL SERVICES

PART FOURTEEN

SURGICAL SERVICE

WASHINGTON 25, D. C. NOVEMBER 20, 1955

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Department of Medicine and Surgery
Veterans Administration
Washington 25, D. C.

November 20, 1955

Part XIV, "Surgical Service," VA Department of Medicine and Surgery Manual M-2, "Professional Services," is published for the compliance of all concerned.

WILLIAM S. MIDDLETON, M. D.
Chief Medical Director

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RO S-1 (M)-1 (10)-8
S-2 (M)-1 (10)-10
S-3 (M)-1 (10)-12
S-4 (M)-1 (10)-14
S-5 (M)-1 (10)-20
EXCEPT: RO's without Outpatient Clinics

CNR
S-1 (M)-1 (10E)-10 (10M)-2
S-2 (M)-1 (10E)-15 (10M)-2
S-3 (M)-1 (10E)-20 (10M)-2
S-4 (M)-1 (10E)-25 (10M)-2

HP & CND
S-1 (M)-1 (10E)-8 (10M)-2
S-2 (M)-1 (10E)-10 (10M)-2
S-3 (M)-1 (10E)-12 (10M)-2
S-4 (M)-1 (10E)-14 (10M)-2
S-5 (M)-1 (10E)-20 (10M)-2

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RESCISSIONS

This manual rescinds the following material.

1. COMPLETE RESCISSIONS

a. Manuals

M-2, part XIV, chapter 5, change 14, dated May 31, 1967.

b. Interim Issues

II 10-177
II 10-66-47
II 10-77-42

c. Circulars

10-62-81
10-64-178
10-84-124
10-91-083

d. Regulations and Procedure

6210
6371
6808(A)

e. Technical Bulletins

TB 10A-96
TB 10A-106
TB 10A-182
TB 10A-309
TB 10A-345

f. All-Station Letters and/or Other Communications

Date	Subject
March 8, 1949	Administering of Spinal Anesthetics by Nurse Anesthetists
September 18, 1951	Recovery Rooms
June 19, 1953	Administering Spinal Anesthetics; Use and Abuse of CO_2

2. PARTIAL RESCISSIONS

a. Manuals

Pars. 111, 112, and 114, chart XXXII and figs. 81, 83, and 84, M10-6.

RESCISSIONS--Continued

b. **Circulars**

Par. 4, sec. II,t Cir. 291, 1946

c. **Technical Bulletins**

TB 10A-272 (insofar as consent for surgery is concerned)

CONTENTS

CHAPTER 1. SURGERY

PARAGRAPH PAGE

1.01 Statement of Policy 1-1
1.02 Requirements for Surgery 1-1
1.02.1 Topical Anesthesia for Laryngoscope, Bronchoscopy, Bronchography ... 1-3
1.02.2 Topical Anesthesia for Urethra 4b.2
1.02.3 Postanesthesia Followup and Recording 4b.3
1.03 Inspection of Surgical Instruments 4b.3

CHAPTER 2. RECOVERY ROOMS

2.01 Statement of Policy 4c
2.02 Responsibility, Equipment and Maintenance 4c

CHAPTER 3. TUMOR BOARDS

3.01 Statement of Policy 5
3.02 Designation, Responsibilities, and Functions 5

CHAPTER 4. SURGERY OF INTERVERTEBRAL DISC LESIONS

4.01 Responsibility 4-1
4.02 Procedures When Surgery Is Required 4-1

CHAPTER 5. SURGICAL REPORTS

5.01 Policy 5-1
5.02 Instructions for Preparation of VA Form 10-7396 (AMIS) Surgical Service Code Sheet, and VA Form 10-7396a (AMIS), Anesthesiology Code Sheet and the Annual Narrative Report of Surgical Service ... 5-1
5.03 Requirements for the DHCP Surgical Record 5-1
5.04 Instructions for Preparation of the Quarterly Report for Surgical Service (RCS 10-0878) 5-2

APPENDIX

5A Definitions of Complication Categories 5A-1

CHAPTER 6. PRACTICE OF PODIATRY

6.01 Practice of Podiatry 6-1

CHAPTER 7. RENAL DISEASE TREATMENT PROGRAM-TRANSPLANTATION

7.01 Policy 7-1
7.02 Definitions 7-1
7.03 Reporting of VA Transplantation Activities 7-3
7.04 Review of Transplant Programs 7-3

CONTENTS-Continued

CHAPTER 8. CARDIAC SURGERY

PARAGRAPH PAGE

8.01 Policy 8-1
8.02 Requirements 8-1
8.03 Review 8-1
8.04 Transfer of Patients 8-1

CHAPTER 9. SEXUAL STERILIZATION AND ABORTION

9.01 Nontherapeutic Sexual Sterilization or Abortion 9-1
9.02 Therapeutic Sexual Sterilization or Abortion 9-1

ILLUSTRATIONS

1 (Deleted by change 13.)
2 VA Form 10-7396a, Complications of Surgical Procedures 9
3 VA Form 10-7396b, Complications of Surgical Procedures Continuation Sheet 10
4 (Deleted by change 13.)

CHAPTER 10. PREADMISSION SURGICAL SCREENING

10.01 Statement of Policy 10-1
10.02 General principles 10-1

CHAPTER 11. GENDER REORIENTATION (SEX CHANGE)

11.01 Purpose 11-1
11.02 Policy 11-1

CHAPTER 12. PLASTIC RECONSTRUCTIVE SURGERY

12.01 Purpose 12-1
12.02 Policy 12-1
12.03 Procedure 12-1

CHAPTER 7. RENAL DISEASE TREATMENT PROGRAM--TRANSPLANTATION

7.01 POLICY

To provide for adequate treatment of veteran-patients with endstage renal disease, the VA has established a network of dialysis and transplantation facilities. The following paragraphs contain policies which pertain to the establishment of these transplantation units.

7.02 DEFINITIONS

a. **General**

(1) A transplantation unit will have full expertise in transplantation and in supporting services (chronic and home dialysis, immunology, laboratory, radiology, cadaver organ procurement and preservation) located mainly within the VA hospital.

(2) A transplantation unit will perform at least 15 or more renal transplants per year at least 10 of which will be on veteran-patients.

(3) Transplants will be performed primarily on veteran-patients, but nonveterans may be treated at a VA hospital through a sharing agreement between the university hospital and its affiliated VA hospital, provided that this does not pre-empt the treatment of veteran-patients.

(4) NO RENAL TRANSPLANTATION PROGRAM IN ANY HOSPITAL WILL BE UNDERTAKEN WITHOUT THE PRIOR WRITTEN APPROVAL OF THE CHIEF MEDICAL DIRECTOR. Hospitals which are not approved for transplantation units will refer eligible patients to the nearest VA transplantation facility.

b. **The Transplant Ward**

(1) A specific area of the hospital will be set aside as a transplant unit. Its size will not be less than six beds.

(2) The transplant unit will be in an area of the hospital where there is little or no exposure to infected patients and where there is little or no cross traffic which may introduce infection. The unit will preferably consist of rooms containing one or two beds. Single bed rooms will have at least 150 square feet of space. If possible the ward will be near the operating rooms, the dialysis unit and the surgical Intensive Care Unit. This will permit sharing of nurses and equipment and facilitate postoperative dialysis in patients needing this treatment. A waiting room and lavatory for patient's relatives will be available near the transplant ward. Although there is no published space and equipment criteria for Renal Transplantation Units, Chapter 100, subsection B, "Intensive Care Units," M-7, "Planning Criteria for Medical Facilities," will be applicable in most instances. Minor deviations from the criteria will be handled through Health Care Facilities Service, Office of Construction.

(3) The number of nurses required in the transplant ward will vary according to whether the patient is initially nursed in the Intensive Care Unit or returns directly to the transplant ward following the operation. Minimum coverage for a 6- to 12-bed autonomous unit for a 24-hour period and to allow for holidays and leave is 12 registered nurses and 5 licensed practical nurses/nursing assistants or a total of 17 nursing staff.

(4) The extent of reliance on electrically operated equipment is so great that there will be emergency generators available. There will be provision for an alternate water supply.

(5) All units require a nursing station, soiled utility room, clean utility room, equipment storage area, patient toilet rooms (including bathroom or shower facilities), linen room, housekeeping aides closet, and a patient and/or family lounge. Consideration will be given to the need for staff office space, consultation room, officer of the day bedroom and conference room.

(6) Heating, ventilating, and air conditioning will be provided in accordance with current VA construction standards.

(7) Equipment for patient monitoring will be included in the planning.

(8) Suction and piped-in oxygen at each bed are necessary.

(9) Designation of an area of the hospital as a transplant unit may require some alterations of existing space. An intercom system for the unit is desirable.

c. **Renal Transplant Recipients.** In the selection of potential recipients attention will be given to: The degree of renal failure, including the need for continued dialysis; the age of the patient; the absence of diseases that preclude a reasonable life-expectancy and rehabilitation; a careful social and psychological evaluation and where indicated a psychiatric examination; the status of the lower urinary tract; and the presence of preformed cytotoxic antibodies. In each instance anticipated results will be balanced between the risks involved and the benefits to be gained.

d. **Organ Procurement**

(1) **Kidneys From Cadaver Donors.** The selection of a cadaver kidney will be in accordance with recognized local policy. When cadaver kidneys are removed in VA facilities, the agency should have an authorization for the removal. If there is substantial indication that a next of kin or other appropriate person objects to the removal, to the extent feasible under the circumstances, the question of legal authorization to undertake the removal should be referred, formally or informally, to the District Counsel.

(2) **Selection of Veteran or Nonveteran Living Donors.** Title 38, United States Code, section 213, provides authority for the VA to accept uncompensated services such as an offer by a nonveteran to donate a "live organ" to a veteran-patient.

(a) Normally, the use of a prisoner-volunteer as a nonrelated donor will not be permitted. However, under compelling circumstances, and subject to prior approval by the Chief Medical Director, such will be allowed.

(b) Living volunteer donors will be mentally competent and, ordinarily, 21 years of age or over. Donors under age 21 may be used, however, if local State laws permit and the Chief Medical Director gives prior approval.

(c) In addition to VA regulations, all consents and arrangements relative to the use of live donor organs will meet the legal requirements of the State in which the VA hospital is located.

e. **Services to Living Donors**

(1) When a renal transplant is required for a VA patient and a proper donor (veteran or nonveteran) is available, the donor will be hospitalized on the same basis as the potential recipient at the expense of the VA. The VA is responsible for all reasonable costs of the donor's hospitalization or re-hospitalization for any necessary after care related to the surgical procedure or to the loss of the donated kidney. Such costs will include the provision of subsistence and travel when indicated.

(2) Following the removal of the donated kidney, the donor will be provided customary postsurgical inpatient, outpatient and followup care until such time as he or she can be discharged from further VA care without detrimental consequences. The extent of such care will be determined by VA medical authorities responsible for the transplant program.

(3) In the case of a nonveteran recipient being treated in a VA hospital, his or her living donor may also be treated in the same hospital provided that the costs of their hospitalization and treatment are borne by the donor himself or herself or by a third party insurance carrier, through a sharing agreement with the related university hospital.

f. **Limitations on Solicitations.** Solicitation for donors in VA facilities by the local transplant team or by a local, regional or national registry will be permitted only under the following circumstances:

(1) When the Director or Chief of Staff or their representatives have given approval.

(2) All solicitations for living donor or cadaver kidneys will be made by responsible members of the VA and related staffs who are familiar with laws and regulations pertaining to donor's rights under the transplant program in the area.

g. **Supportive Services.** The services of a social worker will be required to obtain a psychosocial evaluation of each candidate for transplantation and to assist each recipient and living related donor with the social, psychological, and economic consequences of transplantation. Social Work Service will provide help to patients and their families in planning for continuing medical care, employment, retraining, transportation, housing, insurance coverage, etc.

h. **VA-University Sharing Arrangements.** The Administrator is authorized to enter into sharing arrangements with medical schools and certain other facilities for purposes of mutual use or exchange of use of specialized medical resources, in accordance with the provisions of 38 U.S.C. 5053. For example, veteran-patients requiring angiographic studies or radiotherapy may be treated at the university hospital whereas nonveteran patients from the university hospital requiring open heart surgery may be treated at the VA hospital. Financial arrangements will vary, but all VA expenditures of appropriated medical care funds in these programs will, by law, be fully reimbursed.

i. **Research.** While the establishment of kidney transplantation units is aimed primarily at providing the best care to the veteran-patient, it is also aimed at encouraging clinical and laboratory investigation in renal disease, immunology and transplantation. Research activities by members of the professional staff in these fields will be described.

j. **Salaries.** The salaries of professional personnel will be only for persons over and above those now currently being employed by the VA. The salary of an organ transplant chief will be included. Other staffing guidelines for units performing 20 kidney replacements per year include the part-time services of a pathologist and 5.0 medical technologists. If tissue typing is to be performed by the Laboratory Service, there will be additional requirements as follows:

1 Immunologist.

2 Medical Technologists.

0.5 Clerk.

7.03 REPORTING OF VA TRANSPLANTATION ACTIVITIES

a. Reporting of VA transplantation is mandatory.

b. Any VA hospital performing one or more renal transplant will submit semiannual reports on VA Form 10-7992, Semiannual Report of Renal Transplant Activity. Report forms will be supplied by Surgical Service. Reports will be submitted so as to reach DIRECTOR, FIELD OPERATIONS, REGION_____(112C), not later than 20 workdays following each report period (June 30 and December 31). Negative reports are required, if applicable. Reports Control Symbol 11-36 is assigned to this report.

7.04 REVIEW OF TRANSPLANT PROGRAMS

The activities of each transplant unit will be reviewed annually. A site visit will be undertaken every 3 years or more frequently if necessary. Support will then be readjusted according to whether or not a hospital is fulfilling its commitments with regard to the planned level of transplant activity. A hospital will be upgraded or down-graded and funded accordingly, or its transplantation activities discontinued with loss of special funds depending on the volume and quality of transplants being performed.

PROCEDURES FOR ESTABLISHMENT OF A RENAL DISEASE TREATMENT PROGRAM–TRANSPLANTATION

Applications, in the format in paragraph I, for establishment of a transplant unit will include an original and 14 copies, signed by the Hospital Director, showing a review and approval by the VA medical district which indicate that these services are not available under a sharing agreement with a community transplant center, and will be submitted addressed to the appropriate DIRECTOR, FIELD OPERATIONS, REGION____(112C).

I. OUTLINE OF PROPOSED PROGRAM

Each application will cover the following topics:

a. Details of the hospital's experience in dialysis and transplantation.

b. Dialysis program.

c. The transplant program.

(1) Letters of approval of the proposed program.

(2) Personnel.

(3) The transplant unit.

(4) Organ procurement.

(a) Cadaver donors.

(b) Living donors.

(c) Organ preservation.

(5) Immunology and tissue typing.

(6) Ancillary services.

(7) VAH-university sharing arrangements.

(8) Research.

(9) Estimated cost.

II. DETAILED DESCRIPTION OF PROPOSED PROGRAM

1. **Background Information.** The application will contain full details of the hospital's total experience in dialysis and transplantation, if any. Also, the number of veterans in the area served by the hospital and estimates of the number of veteran and nonveteran-patients that are likely to be treated by dialysis and/or transplantation in the future. Mention will be made of other dialysis and transplantation centers in the area, with their capabilities, which may compete for patients. The application will indicate the types of sharing arrangements already in existence between the VA and university hospitals or proposed for patients requiring hemodialysis and/or transplantation. Mechanisms of financial compensation between the two institutions will be described.

2. **Nephrology and Dialysis Program**

a. The application will provide evidence of nephrology services available in the VA hospital or in the related university hospital, if the university hospital is to provide nephrology and dialysis services as part of a sharing arrangement. The date of funding of the VA dialysis program will be stated as well as the current budget(s) if the budget(s) is identified separately in the hospital's annual funds. The lists will include the number of physicians, nurses and technicians funded and will indicate how many are full- or part-time employees. The names of nephrologists, their experience, the role which they play in the transplantation program, and the percentage of the nephrologist's time which is devoted to the VA dialysis program as well as the percentage of time devoted to university activities will be stated. List the names of physicians who perform the fistulas and shunts for dialysis.

b. Indicate whether the nephrology/dialysis program has a separate clinical laboratory or relies on the central hospital laboratory for all investigations. The number of beds for incenter hemodialysis and home dialysis training will be included. The location of the dialysis beds in relationship to the transplantation ward will be indicated.

c. Give the criteria for selection of patients for hemodialysis. Provide statistics of the number of hemodialyses performed per year since the inception of the program and provide figures of mortality and morbidity. Indicate the number of patients currently on center dialysis, home dialysis, or limited care dialysis and the number awaiting transplantation. Indicate projected future levels.

d. Establishment of a transplantation unit in a particular VA hospital may necessitate expansion of the existing dialysis beds and personnel. Details with justification will be given of the anticipated increases. These will be applied for in a budget request separate from the transplantation budget request and a copy submitted with the transplant proposal.

3. **The Transplant Program**

a. **Experience.** Provide separate listings by year of renal transplants performed in the past at the VA hospital and the affiliated university medical center. Indicate which patients have died (and the cause of death), or have nonfunctioning or poorly functioning homografts; or have had retransplantation. Indicate the committees or individuals responsible for the selection of patients for transplantation. Letters to indicate approval of the program by the Deans Committee, and the VA medical district will accompany the application. The proposal will be discussed with the local Comprehensive Health Planning Council and their comments or recommendations will be included.

b. **Personnel**

(1) **Medical Personnel**

(a) Provide names of the chief of the transplant program and members of the surgical team. Indicate the roles played by general surgeons and urologists and which physicians are responsible for the patient's care after transplantation while in the hospital and as an outpatient.

(b) In this and in all other sections dealing with medical personnel indicate the amount of each individual's time spent at the VA hospital and university, whether a full- or part-time employee at the VA, and the percentage of time spent in the transplant program at both institutions. A signed statement to this effect will be obtained from each participant and will be included with the application. Evidence will be provided of each physician's experience in his/her area of expertise and will be supported by a curriculum vitae and bibliography. If there are two transplant teams, one at the VA hospital and the other at the university, indicate how they interrelate with each other.

(2) **Nursing Personnel.** Indicate the number of professional nurses, licensed practical nurses/nursing assistants required to staff a transplant unit of from 6 to 12 beds depending on the number of transplants to be performed per year.

(3) **Technical Personnel.** Indicate the number of additional technicians that will be needed for tissue typing, organ procurement and preservation, and for the increased workload in the clinical laboratory.

(4) **Other Personnel.** The amount of help which will be required from other areas including radiology, dietetics, social services and housekeeping will be indicated.

4. **The Transplant Ward.** Submit a floor plan of the proposed or existing unit, indicating its relationship to the operating rooms, the dialysis unit and the surgical Intensive Care Unit. Details of the proposed alterations will be provided with accurate determinations of the costs involved. If the alterations will result in the loss of current beds, indicate the number.

5. **Immunosuppression.** Indicate the immunosuppression regimen which is planned or already in use.

6. **Organ Procurement.** The criteria for the selection of donors will be the responsibility of local staffs charged with transplantation and related services. The application should indicate the names of the individuals responsible for making such selections. Kidneys utilized in any transplant program originate from two sources, i.e., cadavers and living donors. General guidelines for donor selection are outlined.

a. **Kidneys From Cadaver Donors**

(1) A copy of the local recognized policy on a cadaver kidney will be included with the application. The document will clearly state the conditions for the selection of a donor including history, physical examination, urinary tract evaluation, histocompatibility typing, and arrangements with the coroner's or medical examiner's office. A copy of the locally accepted ante mortem and post mortem permits for removal of the kidneys will be included. The application will include the locally approved criteria of recognizing the death of the donor, i.e., either conventional or brain death.

(2) The application will provide information on the total population served by the particular VA hospital. Potential sources of donors will be identified and estimates given of the numbers of donors that can be obtained at the VA hospital, its associated university hospital or hospitals, other hospitals in the community, and in neighboring cities and towns. The application will include written commitments from neurosurgeons or neurologists indicating their willingness to refer potential cadaver donors and an estimate of the numbers of such donors per year in their respective services. Details will also be provided of the sources and numbers of cadaver organs that have been used in the past.

(3) Evidence will be provided of the station's participation in existing local, regional or national arrangements for the sharing of cadaver kidneys.

(4) The proposed budget will include the costs of cadaver kidney procurement. In the experience of established units this currently ranges from $750 to $1,500 per kidney.

b. **Living Donors**

(1) Indicate the criteria used locally for selection of living donors. The following information is provided as a guide. Each donor should be in good general health and possess two kidneys which demonstrate normal function as confirmed by radiological, laboratory and clinical assessment. The donor will be made fully aware of the risks he or she is accepting, including the possibility of serious complications or death, both from the transplant surgery, and, as a result of having only one kidney.

(2) A copy of the informed consent form utilized locally will be enclosed with the application. The donor will designate the recipient. If no local consent form is available, one will be developed with the aid of the nearest VA District Counsel and submitted with the application.

7. **Organ Preservation.** If it is planned to preserve kidneys for some time before transplantation, the application will include cost estimates for the purchase of a preservation unit. This will appear under "Equipment" in the budget section. Costs of technician(s) to perform the perfusion work and costs of perfusates, etc., will be included in the proposed budget.

8. **Immunology and Tissue Typing.** Evidence will be provided of the availability of tissue typing at the VA hospital, or in its related university hospital, or elsewhere. The personnel involved and their qualifications and experience will be indicated, as will be the equipment and supplies necessary to provide such service.

9. **Supportive Services**

a. These include the laboratory, radiology (diagnostic, radiotherapeutic and nuclear medicine), infectious disease, internal medicine, immunology, psychiatry, social service, dietetics and pharmacy. The application will include a letter of commitment from chiefs of each of these services to document their understanding of the impact on their areas. Any need for extra staff, equipment or supplies by any of these services will be included in the budget.

b. Some VA hospitals may have a dialysis/transplantation laboratory separate from the central hospital laboratory. This may need additional support. However, "Splinter" laboratories not supervised by regular laboratory personnel are no longer approved by the Chief Medical Director. All studies will be performed in Laboratory Service (central laboratory) to avoid unnecessary duplication of staff, equipment, etc.

10. **Budget**

a. **General**

(1) Budget estimates for this program will conform with instructions outlined in DM&S Supplement, MP-4, Part VII, Chapter 2, "Budget Formulation."

(2) Program coordinators will fully utilize the services of the Hospital Director, Chief of Staff, Chief of Fiscal and Supply Services and the chiefs of the various supporting services in the preparation of cost estimates.

b. **Procedures**

(1) Estimates will outline budgetary requirements chargeable specifically to the medical care appropriation and, where applicable, construction appropriation. Support for medical research will not be included in the proposed budget.

(2) Estimates will exclude costs for residents, interns, and administrative and other allied health trainees participating in renal transplant activities for whom specific allowances are provided under training programs authorized by Central Office.

(3) The estimates will represent all additional requirements necessary for the total operation of the program. This includes the additional costs of administration, housekeeping, engineering, etc.

(4) The total requirements will not reflect anticipated reimbursements from planned or existing sharing agreements.

(5) Plans will identify medical care budgetary requirements in two major categories, i.e., (a) recurring, and (b) nonrecurring.

c. **Recurring Requirements**

(1) The estimates for recurring requirements will be based on full-year (annual) operations.

(2) Estimates for personnel will be based on salary tables current at time of preparation and include an additional 8.9 percent allowance for fringe benefits.

(3) Estimates for services and expendable supplies will be based on current price indexes and will not reflect anticipated increases due to inflation or other trends.

(4) Format for preparation of budget.

(a) **Personnel.** Identify each service requiring additional staff support such as laboratory, radiology, administration, etc. FTEE (full-time equivalent employment) will be carried to one decimal place and dollars rounded to the nearest hundred. Identify personnel by individual position, title and grade and FTEE. Planned grade levels will be compatible with responsibilities and fully justifiable.

(b) **Supplies and Services.** Identify each major item with quantity required and total cost. The list will include supply items such as blood, drugs, biologicals, etc., and services for kidney procurement, tissue typing, radiation therapy, donor hospitalization, etc. Patient travel expenses and transportation costs of patients to and from the university hospital when indicated will also be included.

d. **Nonrecurring Requirements**

(1) **Construction.** Estimates will be submitted for equipment and construction of M&R projects, if appropriate.

(2) **Equipment (Kidney Preservation Machine; Resuscitation and Monitoring Equipment, Etc.).** Budgetary plans will provide a general description, quantity, and cost for individual items. These estimates will be consistent with subsequent formal estimates on VA Forms 10-1348 and 10-1348a submitted on request from Central Office.

(3) **Reconstruction and Renovation.** Project costs under $25,000 are classified as minor improvements chargeable to the medical care appropriation. Costs of $25,000 or more are alterations chargeable to the construction appropriation. Beginning July 1, 1975, project cost under $25,000 will be increased to $50,000. Estimates should be included using VA Form 10-1193 or VA Form 10-6031, as appropriate.

III. CHECKLIST OF DOCUMENTS REQUIRED

1. Application and 14 copies.

2. Letters of concurrence.

a. Deans committee

b. VA medical executive committee

c. Space committee

d. Medical executive council or local health care association

e. Comprehensive health planning agency—certificate of need

f. VA medical district

3. Written comments of the comprehensive health planning council.

4. Statement from each physician-participant regarding whether he or she is full-time or what portion part-time VA and the percent of his or her effort that he or she will devote to the transplant program.

5. Curriculum vitae and bibliography of all physician personnel.

6. Floor plan of proposed unit.

7. Criteria for selection of cadaver kidneys.

8. Copy of permit for removal of kidneys.

9. Copy of living donor informed consent form.

10. Letters from chiefs of ancillary services.

Department of Medicine and Surgery
Veterans Administration
Washington, D.C. 20420

M-2, Part XIV
Change 22

May 6, 1975

Part XIV, "Surgical Service," VA Department of Medicine and Surgery Manual M-2, "Professional Services," is changed as indicated below:

NOTE: The purpose of this change is to reflect the administrative and professional changes in the requirements of the Renal Transplant program.

Pages v and vi: Remove these pages and substitute pages v and vi attached.

Pages 7-1 through 7-5: Remove these pages and substitute pages 7-1 through 7-3 and 7A-1 through 7A-6 attached. (Ch. 7 revised.)

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Chief Medical Director

Distribution: RPC: 1038
FD

Department of Medicine and Surgery
Veterans Administration
Washington, D.C. 20420

M-2, Part XIV
Change 19

January 31, 1973

Part XIV, "Surgical Service," VA Department of Medicine and Surgery Manual M-2, "Professional Services," is changed as indicated below:

NOTE: The purpose of this change is to:

a. Provide that the age at which a person may give consent for surgery agrees with State laws in which the hospital is located; except competent minor members of the Armed Forces receiving hospital treatment under official authorization may give consent.

b. Update references to standards and regulations for fire protection.

c. Provide that the consent of live organ donors be subject to the anatomical gift laws or other applicable laws of the State where the VA hospital is located.

d. Provide that existing standard consent forms be used to give consent for anatomical gifts.

e. Provide that the attending physician counsel donors and recipients of anatomical gifts as to the nature of, and risks involved in, transplantations and that he document the medical record accordingly.

Pages 1 through 2a: Remove these pages and substitute pages 1-1 through 1-2a attached. (Par. 1.01 changed.)

Pages 7-3 and 7-4: Remove these pages and substitute pages 7-3 through 7-4a attached. (Par. 7.03b (3), (4), and (5) changed.)

M.J. MUSSER, M.D.
Chief Medical Director

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Department of Medicine and Surgery
Veterans Administration
Washington, D.C. 20420

June 3, 1971

Part XIV, "Surgical Service," VA Department of Medicine and Surgery Manual M-2, "Professional Services," is changed as indicated below:

NOTE: The purpose of this change is to revise Chapter 7, "Renal Disease Treatment Program--Transplantation," to replace present chapters 7 and 8.

Page iii, paragraph c, line 2: Add change "16".

Pages v and vi: Remove these pages and substitute pages v and vi attached.

Pages 19 through 22: Remove these pages and substitute pages 7-1 through 7-5 attached. (Ch. 7 revised; ch. 8 deleted.)

RESCISSION: Change 16, M-2, part XIV.

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Chief Medical Director

Distribution: RPC: 1038
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Department of Medicine and Surgery
Veterans Administration
Washington, D.C. 20420

M-2, Part XIV
Change 16

December 20, 1967

Part XIV, "Surgical Service," VA Department of Medicine and Surgery Manual M-2, "Professional Services," is changed as follows:

NOTE: The purpose of this change is to revise instructions for the preparation of "Report of Surgical Organ Transplantation" to include name of hospital where surgery was performed and to change reporting frequency.

chg. 18 — Pages 19 and 20: Remove these pages and substitute pages 19 and 20 attached. (Ch. 7 changed.)

H. M. Engle

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Distribution: RPC: 1038
FD-PRR

Change 18

Department of Medicine and Surgery
Veterans Administration
Washington, D.C. 20420

M-2, Part XIV
Change 14

May 31, 1967

Part XIV, "Surgical Service," VA Department of Medicine and Surgery Manual M-2, "Professional Services," is changed as indicated below:

NOTE: The purpose of this change is as follows:

a. Clarification of postoperative complications.

b. Summary of deaths to be reported by all hospitals.

c. Instructions for completion of new VA Form 10-7396d, Annual Report of Surgical Procedures. (Monthly reporting eliminated.)

d. Instructions for preparation of Annual Narrative Report of Surgical Service.

e. Adds Chapter 8, "Surgical Transplantation," and incorporates the provisions of II 10-66-47.

Page iii, paragraph 1b: Add "II 10-66-47".

chg 18 Pages v and vi: Remove these pages and substitute pages v and vi attached. (Contents brought up to date.)

Pages 7 and 8: Remove these pages and substitute pages 7 through 8a attached. (Ch. 5 revised.)

chg 18 Page 19, paragraph 7.02b

Subparagraph (1), lines 2 and 3: Delete "appropriate Area Medical Office" and insert "office of appropriate Regional Medical Director".

Subparagraph (2), line 2: Delete "appropriate Area Medical Office" and insert "office of appropriate Regional Medical Director".

Subparagraph (3), line 2: Delete "Area Medical Office" and insert "office of appropriate Regional Medical Director".

chg 18 Page 20, paragraph 7.02b, lines 1 and 2: Delete "Area Medical Office" and insert "office of appropriate Regional Medical Director".

chg 18 Pages 21 and 22: Insert these pages attached. (Ch. 8 added.)

NOTE: Initial distribution of VA Form 10-7396d is being made.

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FD

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M-2, Part XIV
Change 12

April 15, 1965

Part XIV, "Surgical Service," VA Department of Medicine and Surgery Manual M-2, "Professional Services," is changed as follows:

chg 13 — Pages iii and iv: Remove these pages and substitute pages iii through v attached. (Contents brought up to date.)

chg 16 — Pages 19 and 20: Insert these pages attached. (Ch. 7, "Report of Surgical Organ Transplantation," added.)

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Distribution: Same as M-2, part XIV
FD DVB Publications Code 1038

rescinded by change 17
M-2, pt XIV
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