### **Annexes**

#### Annex 1. Alliance-O classification of risk levels in relation to disease transmission.

- 1. Unacceptable risk (RL1): absolute contraindication, with the exception of some transplant procedures to save lives in the absence of other therapeutic options based on a case-by-case assessment.
- 2. Increased but acceptable risk (RL2): includes cases in which microorganisms or communicable diseases are identified during the donor evaluation process, but the use of organs is justified by the specific situation or severity of the clinical situation of the donor. receiver.
- 3. Calculated risk (RL3): includes all cases in which, even in the occurrence of communicable diseases, transplantation to recipients with the same disease or with a serological protection status is allowed, in cases of infection in the treated donor properly with a minimum duration (24 hours).
- 4. Non-assessable risk (RL4): includes cases in which the evaluation process does not allow an adequate risk assessment for communicable diseases.
- 5. Standard risk (RL5): includes cases in which the evaluation process did not identify a communicable disease.

# Annex 2. Classification of the recommendations in the consensus document based on the strength and quality of the analysed evidence

## **Recommendation strength**

Level A: Good level of evidence to support the recommendation for use.

Level B: Moderate level of evidence to support the recommendation for use.

Level C: Little evidence to support the recommendation.

# **Recommendation quality**

I: Evidence from at least one randomised clinical trial.

II: Evidence from at least one non-randomised, well-designed trial, either from cohort studies, or from case-control analytical studies (preferably from more than ane center) or from time series or from conclusive results obtained in non-controlled experimental studies.

III: Evidence of expert opinions based on clinical experience or descriptive studies.