DDR - Deceased Donor Registration

Deceased Donor Registration (DDR) records are generated and available as soon as the donor feedback process is completed in DonorNet®. The Deceased Donor Registration record is to be completed for all consented but not recovered and recovered donors.

A **consented (written) but not recovered** donor is one in which consent was obtained but the organs were not recovered for transplantation. Information about this donor is entered on the DDR record to determine why the donor's organs may not have progressed to donation.

A **recovered** organ donor refers to situations where consent was obtained and at least one organ was recovered for the purpose of transplantation.

Click on OPTN/UNOS Policy on Data Submission Requirements for additional information.

To correct information that is already displayed in an electronic record, call 1-800-978-4334.

Donor Information

The donor's ID # will be displayed at the top of this section.

OPO: The organ procurement organization (OPO) reported in the Donor Feedback displays. Verify the OPO name and center code of the OPO responsible for the management of the donor and that the displayed OPO provider number is the 6-character Medicare identification number of the OPO.

Donor Hospital: The donor hospital reported in the Donor Feedback displays. Verify the hospital name and the 6-character Medicare provider number of the hospital which originally referred the donor. If this information is incorrect, you may make modifications in the donor record in DonorNet. The information will then be updated in the DDR record. A list of Medicare provider numbers for your state can be obtained in the Donor Hospitals section of DonorNet.

Referral Date: Enter the date of the initial donor referral call to the OPO. Use the standard 8-digit numeric format of MM/DD/YYYY.

Recovered Outside the U.S.: Select **Yes** if the organs were recovered outside of the United States. If the organs were not recovered outside of the United States, select **No**. If **Yes** is selected, indicate the name of the country where the organs were recovered.

Last Name: Enter the last name of the donor who was referred to your OPO as a potential organ donor.

First Name: Enter the first name of the donor who was referred to your OPO as a potential organ donor.

Middle initial: Enter the middle initial of the donor who was referred to your OPO as a potential organ donor.

DOB: Enter the date the donor was born using the standard 8-digit numeric format of MM/DD/YYYY or enter the donor's **Age** in **Years** or **Months**.

Gender: Indicate if the donor is **Male** or **Female**.

Home City: Enter the name of the city where the donor lived before hospitalization. If the donor did not live in the United States before hospitalization, enter the city and country of the donor's residence in the space provided.

Note: If the donor is a Non-Resident Alien and lived in the United States before hospitalization, complete the **Home City** field, leave the **State** and **Zip Code** fields blank and complete the **Citizenship** and **Home Country** fields further below.

State: If the donor lived in the United States before hospitalization, select the state where the donor's home city was located.

Zip Code: Enter the U.S. Postal Zip Code of the location where the donor lived before hospitalization.

Ethnicity/Race: Select as appropriate to indicate the donor's ethnicity/race.

American Indian or Alaska Native: Select for donors who are of North, South, or Central American descent (e.g. **American Indian**, **Eskimo**, **Aleutian**, **Alaska Indian**). If the donor belongs to the primary category, but does not belong to any of the subcategories listed, select **American Indian or Alaska Native: Other**. If unknown, select **American Indian or Alaska Native: Not Specified/Unknown**.

Asian: Select for donors who are of Asian descent (e.g. **Asian Indian/Indian Sub-Continent**, **Chinese**, **Filipino**, **Japanese**, **Korean**, **Vietnamese**). If the donor belongs to the primary category, but does not belong to any of the subcategories listed, select **Asian: Other**. If unknown, select **Asian: Not Specified/Unknown**.

Black or African American: Select for donors of African descent (e.g. **African American**, **African (Continental)**, **West Indian**, **Haitian**). If the donor belongs to the primary category, but does not belong to any of the subcategories listed, select **Black or African American: Other**. If unknown, select **Black or African American: Not Specified/Unknown**.

Hispanic/Latino: Select for donors who are of Central or South American descent (e.g. **Mexican, Puerto Rican (Mainland)**, **Puerto Rican (Island)**, **Cuban**). If the donor belongs to the primary category, but does not belong to any of the subcategories listed, select **Hispanic/Latino: Other**. If unknown, select **Hispanic/Latino: Not Specified/Unknown**.

Native Hawaiian or Other Pacific Islander: Select for donors who are descendents of the **Native Hawaiian**, **Guamanian or Chamorro**, or **Samoan** peoples. If the donor belongs to the primary category, but does not belong to any of the subcategories listed, select **Native Hawaiian or Other Pacific Islander: Other**. If unknown, select **Native Hawaiian or Other Pacific Islander: Not Specified/Unknown**.

White: Select for donors who are of **European Descent**, **Arab or Middle Eastern** or **North African (non-Black)**. If the donor belongs to the primary category, but does not belong to any of the subcategories listed, select **White: Other**. If unknown, select **White: Not Specified/Unknown**.

Citizenship: Select as appropriate to indicate the donor's citizenship.

U.S. Citizen: Select if the donor is a U.S. Citizen by birth or naturalization.

Resident Alien: Select if the donor is a non-U.S. citizen currently residing in the United States (e.g., Permanent Resident, Conditional Resident, Returning Resident). A Permanent Resident is an individual residing in the U.S. under legally recognized and lawfully recorded residence as an immigrant. A Conditional Resident is any alien granted permanent resident status on a conditional basis (e.g., a spouse of a U.S. Citizen; an immigrant investor), who is required to petition for the removal of the set conditions before the second anniversary of the approval of the conditional status. A Returning Resident is any lawful permanent resident who has been outside the United States and is returning to the U.S. (Also defined as a "special immigrant".)

Non-Resident Alien/Year entered U.S.: If the donor is a Non-Resident Alien (Nonimmigrant), enter the year the candidate entered the United States. A Nonimmigrant is an alien who seeks temporary entry to the United States for a specific purpose. The alien must have a permanent residence abroad and qualify for the nonimmigrant classification sought. The nonimmigrant classifications include: foreign government officials, visitors for business and for pleasure, aliens in transit through the U.S., treaty traders and investors, students, international representatives, temporary workers and trainees, representatives of foreign information media, exchange visitors, fiance(e)s of U.S. citizens, intracompany

transferees, NATO officials, religious workers, and some others. Most non-immigrants can be accompanied or joined by spouses and unmarried minor (or dependent) children.

Unknown: Select only if the donor's citizenship is unknown.

Note: Permanent residence begins on the date the donor was granted permanent resident status. This date is on the donor's Permanent Resident Card (formerly known as Alien Registration Card). To view a sample card, go to http://www.immigrationagency.org/images/greencard_sample.jpg.

Cause of Death: Select the donor's cause of death. If the cause of death is not listed, select **Other, specify**, and enter the cause of death in the space provided.

Anoxia
Cerebrovascular/Stroke
Head Trauma
CNS Tumor
Other Specify

Mechanism of Death: Select the donor's mechanism of death. If the mechanism of death is not listed, select **None of the Above**.

Drowning
Seizure
Drug Intoxication
Asphyxiation
Cardiovascular
Electrical
Gunshot Wound
Stab
Blunt Injury
SIDS
Intracranial Hemorrhage/Stroke
Death from Natural Causes
None of the Above

Circumstances of Death: Indicate the donor's circumstances of death. If the circumstance of death is not listed, select **None of the Above**.

MVA
Suicide
Homicide
Child-Abuse
Non-MVA
Death from Natural Causes
None of the Above
Unknown

Procurement and Consent

Medical Examiner/Coroner: Select **Yes** if the donor's death was reported to the medical examiner/coroner. If the donor's death was not reported to the medical examiner/coroner, select **No**. If **Yes** is selected, indicate if the medical examiner/coroner gave or refused consent for organ donation. If unknown, select **Unknown**.

No
Yes, Medical Examiner Consented
Yes, Medical Examiner Refused Consent
Unknown

Did the Patient have written documentation of their intent to be a donor: Select **Yes** if the patient had written documentation of their intent to be a donor. If not, select **No**. If unknown, select **UNK**.

If yes, indicate mechanisms (check all that apply): If the patient had written documentation of their intent to be a donor, indicate whether the mechanism was a **Driver's License**, **Donor Card, Donor Registry** and/or **Durable Power of Attorney/Healthcare Proxy**. If the documentation used is not listed, enter the type of written documentation in the **Other Specify** field.

Was the consent based solely on this documentation: If consent was based solely on this documentation, select **Yes**. If not, select **No**.

Did the Patient express to family or others the intent to be a donor: If the patient expressed to family or others the intent to be a donor, select **Yes**. If not, select **No**. If unknown, select **UNK**.

Date and time of pronouncement of death (Complete for brain dead and DCD donors): Enter the date, using the standard 8-digit numeric format of MM/DD/YYYY, and time (military) of pronouncement of death of the donor.

Date and time consent obtained for first organ: Enter the date, using the standard 8-digit numeric format of MM/DD/YYYY, and time (military) consent was obtained for first organ.

Clinical Information

ABO Blood Group: The donor's blood type reported in the donor record in DonorNet displays. Verify the blood type displayed for the donor referred to your OPO. Acceptable values are: A, B, AB or O. If this information is incorrect, you may make modifications in the donor record in DonorNet. The DDR record will then be updated with this information. If the subgroup of A is known, it can be specified: A1, A2, A1B, or A2B.

Height: Enter the height of the donor at the time of recovery in the appropriate space, in feet and inches or centimeters. If the donor's height at the time of recovery is unavailable, select the appropriate status from the **ST** field (**N/A**, **Not Done**, **Missing**, **Unknown**).

Weight: Enter the weight of the donor at the time of recovery in the appropriate space in pounds or kilograms. If the donor's weight at the time of recovery is unavailable, select the appropriate status from the **ST** field (**N/A**, **Not Done**, **Missing**, **Unknown**).

Terminal Lab Data: For each of the laboratory tests listed (**BUN**, **Total Bilirubin**, **SGOT/AST** and **SGPT/ALT**, **Serum Sodium**, **Serum Creatinine, Protein in Urine, INR**, **Blood PH**, **Hematocrit**, **(PA Donors Serum Lipase and Serum Amylase)**), provide the value in the units indicated from tests performed closest to the time of recovery. If a value is unavailable, you may select the appropriate status from the **ST** field (**N/A**, **Not Done**, **Missing**, **Unknown**). Indicate whether protein was found in the urine by selecting **Yes**, **No** or **UNK**.

Serology: For each of the tests listed, select the appropriate result (**Cannot Disclose**, **Indeterminate**, **Negative**, **Not Done**, **Positive**, or **Unknown**) during the recovery period. Do not skip any tests.

Anti-HIV I/II
Anti-HTLV I/II
RPR-VDRL
Anti-CMV
HBsAg
Anti-HBC
Anti-HCV
HBsAb
EBV (VCA) (IgG)

EBV (VCA) (IgM)
EBNA

Note: For CMV, a titer of >1:4 for the complement fixation or latex agglutination tests, a titer of >1:10 for IgG-immunofluorescence (IF) and a titer of >1:16 for IgM-IF are usually considered positive. If the test(s) are below the threshold considered positive, the result should be marked **Negative**. If testing was done, but for a rare reason, results are inconclusive, select **Indeterminate**. If testing was not done, select **Not Done**. Select **Unknown** if no results are found. If you cannot disclose the results, select **Cannot Disclose**.

Note: For Epstein-Barr Virus (**EBV (VCA) (IgG)**, **EBV (VCA) (IgM)**, **EBNA**) serologies, a titer level of <1:10 is considered **Negative**.

Donor Management: (Any medication administered within 24 hours prior to crossclamp.) Select **Yes**, **No** or **UNK** to indicate if any of the listed medications were given to the donor within 24 hours prior to crossclamp. If one or more medications are not listed, enter the name of the medication in the **Other/Specify** space provided. If a medication falls under more than one category (antihypertensives and vasodilators) select **Yes** for both categories.

Steroids

Diuretics

T3

T4

Anticonvulsants

Antihypertensives

Vasodilators

DDAVP = synthetically derived vasopressor (e.g. DDAVP or Desmopressin)

Heparin

Arginine Vasopressin = human or animal derived vasopressor (e.g. pitressin, vasopressin, argipressin)

Insulin

Other/Specify (one)

Other/Specify (two)

Other/Specify (three)

Inotropic Medications at time of cross clamp: Select **Yes** if any inotropic agents were administered at the time of cross clamp. If inotropic agents were not administered at the time of cross clamp, select **No**. If unknown, select **UNK**. If **Yes** is selected, indicate the **Medication(s)**, the **Dosage At Time of Cross Clamp, Dosage Units** and the **Final Dosage Duration** in hours. The dosage at the time of recovery for Dopamine, Dobutamine, Epinephrine and Levophed must fall between .05 and 40. For Neosynephrine and **Other, Specify** the dosage must fall between .01 and 300. The dosage range for Isoproterenol (Isuprel) is .10 and 40 mcg/min. Indicate whether the Dosage Units are **mcg/kg/min**, **mcg/min**, **mg/min** or **units/hr, mcg/hr**.

Dopamine
Dobutamine
Epinephrine
Levophed
Neosynephrine

Isoproterenol (Isuprel)
Other, specify

mcg/kg/min
mcg/min
mg/min
units/hr
mcg/hr

Number of transfusions during this (terminal) hospitalization: Indicate the number of units of packed red cells or whole blood transfused prior to organ recovery for this hospitalization.

None
1 - 5
6 - 10
Greater than 10
Unknown

Three or more inotropic agents at time of incision: Select **Yes** or **No** to indicate whether or not three or more inotropic agents were administered to the donor at the time of incision.

Clinical Infection: Select **Yes** if there is documented evidence of any clinical infection during this hospitalization for the donor. If there is no documented evidence of any clinical infection during this hospitalization for the donor, select **No**. If the donor's history of infection is unknown, select **UNK**. If there is documented evidence of any clinical infection during this hospitalization for the donor, select whether the source was **Blood**, **Lung**, **Urine** and/or **Other**. For each source indicated, select **Yes** if the infection was confirmed by culture. If the infection was not confirmed by culture, select **No**. If the source is not listed, select **Other** and enter the source in the space provided. If the donor's history of infection is unknown, select **UNK**.

Life Style Factors

Select **Yes**, **No** or **UNK** (Unknown) to indicate if the donor has each of the following lifestyle factors:

Cigarette Use (>20 pack years)-Ever: Indicate if the donor has ever used cigarettes for more than 20 pack years. Pack years refers to the number of packs of cigarettes the donor smoked per day multiplied by the number of years. For example, a donor smoking 2 packs of cigarettes per day for 10 years would equal 20 pack years.

AND continued in last 6 months: Indicate if the donor used cigarettes for more than 20 pack years within the last 6 months.

Cocaine Use - Ever: Indicate if the donor has ever abused or had a dependency to cocaine.

AND continued in last 6 months: Indicate if the donor abused or had a dependency to cocaine within the last 6 months.

Other Drug Use (non-IV) - Ever: Indicate if the donor has ever abused or had a dependency to Non-IV street drugs, such as crack, marijuana or prescription narcotics, sedatives, hypnotics or stimulants.

AND continued in last 6 months: Indicate if the donor abused or had a dependency to Non-IV street drugs, such as crack, marijuana or prescription narcotics, sedatives, hypnotics or stimulants within the last 6 months.

Heavy Alcohol Use (heavy = 2+ drinks/day): Indicate if the donor has a history of having two or more alcoholic drinks per day.

Tattoos: Indicate if the donor has any tattoos.

Does the Donor meet CDC guidelines for "High Risk" for an organ donor: Indicate if the donor meets CDC guidelines for "high Risk" for an organ donor.

Note: Refer to the Centers for Disease Control (CDC) for the definition of "high risk" behaviors listed above.

History of Diabetes: Select **Yes** if the donor has a documented history of diabetes mellitus prior to this hospitalization, along with the appropriate duration period. If the donor does not have a documented history of diabetes mellitus prior to this hospitalization, select **No**. If unknown, select **Unknown**. If **Yes** is selected, select one duration category to indicate the number of years the donor has a documented history of diabetes. If the duration is unknown, select **Yes**, **Duration Unknown**.

No
Yes, 0-5 Years
Yes, 6-10 Years
Yes, > 10 Years
Yes, Unknown Duration
Unknown

Insulin Dependent: If the donor has a history of diabetes and is insulin dependent, select **Yes**. If the donor has a history of diabetes but is not insulin dependent, select **No**. If the donor is insulin dependent, select one duration category to indicate the number of years the donor has been taking insulin. If the duration is unknown, select **Unknown Duration**.

No
Yes, 0-5 Years
Yes, 6-10 Years
Yes, > 10 Years
Yes, Unknown Duration
Unknown

History of Hypertension: Select **Yes** if the donor has a documented history of hypertension prior to this hospitalization. If the donor does not have a documented history of hypertension prior to this hospitalization, select **No**. If unknown, select **Unknown**. If the duration is unknown, select **Yes**, **Unknown** Duration.

No
Yes, 0-5 Years
Yes, 6-10 Years
Yes, > 10 Years
Yes, Unknown Duration
Unknown

If Yes, method of control: Select **Yes, No** or **UNK** for each method of hypertension control listed.

Diet
Diuretics
Other hypertensive medication

History of Cancer: If the donor has a documented history of any type of cancer prior to this hospitalization, select the primary cancer site from the list provided. If the donor has no documented history of any type of cancer prior to this hospitalization, select **No**. If the primary cancer site is not listed, select **Other, specify** and enter the site in the space provided.

No
Skin - Squamous, Basal Cell
Skin - Melanoma
CNS Tumor - Astrocytoma
CNS Tumor - Glioblastoma Multiforme
CNS Tumor - Medulloblastoma
CNS Tumor - Neuroblastoma
CNS Tumor - Angioblastoma

CNS Tumor - Meningioma
CNS Tumor - Other
Genitourinary - Bladder
Genitourinary - Uterine Cervix
Genitourinary - Uterine Body Endometrial
Genitourinary - Uterine Body Choriocarcinoma
Genitourinary - Vulva
Genitourinary - Ovarian
Genitourinary - Penis, Testicular
Genitourinary - Prostate
Genitourinary - Kidney
Genitourinary - Unknown
Gastrointestinal - Esophageal
Gastrointestinal - Stomach
Gastrointestinal - Small Intestine
Gastrointestinal - Colo-Rectal
Gastrointestinal - Liver & Biliary Tract
Gastrointestinal - Pancreas
Breast
Thyroid
Tongue/Throat
Larynx
Lung (Include Broncial)
Leukemia/Lymphoma
Unknown
Other, Specify

Cancer Free Interval: If the donor has a documented history of cancer, enter the number of years the donor has been free of any sign of cancer. Cancer free interval can be entered in portions of a year by entering a decimal. If unavailable, select the appropriate status from the **ST** field (**N/A**, **Not Done**, **Missing**, **Unknown**).

Cancer at time of procurement: Select **Yes** for each category listed if the donor exhibited documented clinical signs of **Intracranial**, **Extracranial** or **Skin** cancer at the time of recovery. If the donor did not exhibit documented clinical signs of cancer at the time of recovery for any listed category, select **No**. If unknown, select **UNK**.

Organ Recovery

Recovery Date (donor to OR): Enter the date the donor entered the operating room for the purpose of organ recovery. Use the standard 8-digit numeric format of MM/DD/YYYY. If the operation began in the evening and concluded the next day, enter the date the operation began. Modification can be made in the donor feedback if incorrect.

Was this a DCD donor: Select **Yes** if this donor was a DCD (Donation after Cardiac Death) donor. If this donor was not a DCD donor, select **No**.

If Yes, Controlled: If this was a DCD donor, select **Yes** if the DCD donor was controlled. If the DCD donor was not controlled, select **No**. If unknown, select **UNK**.

A **controlled DCD donor** is a donor whose life support will be withdrawn and whose family gave written consent for organ donation in the controlled environment of the operating room.

An **uncontrolled DCD donor** is a patient who expires in the emergency room or elsewhere in the hospital before consent for organ donation is obtained and catheters are placed in the femoral vessels and peritoneum to cool organs until consent can be obtained. Also, an uncontrolled DCD donor is a patient who is consented for organ donation but suffers a cardiac arrest requiring CPR during procurement of the organs.

If Yes, Date and time withdrawal of support: Enter the date (MM/DD/YYYY format) and time (military time) of the withdrawal of support.

If Yes, Date and time agonal phase begins (systolic BP < 80 or O_2 sat. < 80%): Enter the date (MM/DD/YYYY format) and time (military time) when the agonal phase begins.

If DCD, Total urine output during OR recovery phase: Enter the total urine output.

Measures Between Withdrawal of Support and Cardiac Death. Provide Serial Data Every 15 Minutes Between Withdrawal of Support and Start of Agonal Phase, and Every 5 Minutes Between Start of Argonal Phase and Cardiac Death.

Date: Enter the date (MM/DD/YYYY format).

Time (military time): Enter the time.

Systolic blood pressure: Enter the systolic blood pressure.

Diastolic blood pressure: Enter the diastolic blood pressure.

Mean arterial pressure: Enter the mean arterial pressure.

O_2 Saturation: Enter the O_2 saturation.

If Yes, Core Cooling Used: If this was a DCD donor, select **Yes** if core cooling was used. If core cooling was not used for the DCD donor, select **No**.

Core Cooling: In the process of non-heart-beating organ donation, some centers place large intravascular cannunlae into the femoral vessels. These cannulae are placed before or after death. After death has been declared, they are used to drain blood and to replace it with cold preservation solution. In addition, cold preservation solution may be infused into the abdominal cavity through large catheters.

If Yes, Date and time abdominal aorta cannulation: Enter the date (MM/DD/YYYY format) and time (military time) of abdominal aorta cannulation. If unavailable, select the appropriate status from the **ST** field (**N/A**, **Not Done**, **Missing**, **Unknown**).

If Yes, Date and time thoracic aorta cannulation: Enter the date (MM/DD/YYYY format) and time (military time) of thoracic aorta cannulation. If unavailable, select the appropriate status from the **ST** field (**N/A**, **Not Done**, **Missing**, **Unknown**).

If Yes, Date and time portal vein cannulation: Enter the date (MM/DD/YYYY format) and time (military time) of portal vein cannulation. If unavailable, select the appropriate status from the **ST** field (**N/A**, **Not Done**, **Missing**, **Unknown**).

If Yes, Date and time pulmonary artery cannulation: Enter the date (MM/DD/YYYY format) and time (military time) of pulmonary artery cannulation. If unavailable, select the appropriate status from the **ST** field (**N/A**, **Not Done**, **Missing**, **Unknown**).

Estimated Warm Ischemic Time: If this was a DCD donor, enter the estimated number of minutes that elapsed from the time of cardiac arrest until the time core cooling was initiated. If unavailable, select the appropriate status from the **ST** field (**N/A**, **Not Done**, **Missing**, **Unknown**).

If No, was this a consented DCD donor that progressed to brain death?: Indicate if this was a consented DCD donor that progressed to brain death by selecting **Yes** or **No**.

Cardiac arrest since neurological event that lead to declaration of brain death: Select **Yes** or **No** to indicate whether cardiac arrest occurred between a fatal brain injury event and organ recovery. With DCD donors, if cardiac arrest occurred during donor management, then select **Yes**. Otherwise, select **No** for DCD donors.

If Yes, Duration of Resuscitation: If cardiac arrest occurred between a fatal brain injury event and organ recovery, indicate the total minutes of cardiac resuscitation. If

unavailable, select the appropriate status from the **ST** field (**N/A**, **Not Done**, **Missing**, **Unknown**).

Clamp Date: Enter the date the aorta was cross clamped. Use the standard 8-digit numeric format of MM/DD/YYYY.

Clamp Time: (Military Time): Enter the time the aorta was cross clamped. Use military time. If the time the aorta was cross clamped is unavailable, select the appropriate status from the **ST** field (**N/A**, **Not Done**, **Missing**, **Unknown**).

Clamp Time Zone: Enter the time zone which corresponds with the time and location of the recovery.

Eastern
Central
Mountain
Pacific
Alaska
Hawaii
Atlantic

ALL Donors Cardiac and Pulmonary Function:

History of previous MI: Select **Yes** if the donor had a history of myocardial infarction. If the donor did not have a history of myocardial infarction, select **No**. If this information is unknown, select **UNK**.

LV ejection fraction (%): Provide the left ventricular ejection fraction, if known. If the left ventricular ejection fraction is unavailable, select the appropriate status from the **ST** field (**N/A**, **Not Done**, **Missing**, **Unknown**).

Method: Indicate whether the left ventricular ejection method was an **Echo**cardiogram, **MUGA** scan or **Angiogram**.

If LV, Ejection Fraction < 50% indicate whether the **Structural Abnormalities** were Valves, Congenital and/or LVH by selecting **Yes** or **No**.

Wall Abnormalities: Indicate also whether the **Wall Abnormalities** were **Segmental** and/or **Global** by selecting **Yes** or **No**.

Coronary Angiogram: If the donor did not have a coronary angiogram, select **No**. If the donor had a coronary angiogram, select **Yes, Normal** or **Yes, Not Normal**.

If Abnormal, # Vessels with > 50% Stenosis: If the results of the coronary angiogram were abnormal, select the number of vessels with more than 50% stenosis. If this information is unknown, select **Unknown**.

Pulmonary Measurements:

Lung - Was pO2 done: Select **Yes** if a pO2 was done. If not, select **No**. If unknown, select **UNK**.

If Yes, Lung pO2 terminal value: If **pO2** was done, enter the terminal value in mm/Hg in the space provided. If unavailable, select the appropriate status from the **ST** field.

If Yes, Lung pO2 on FiO2 terminal value of: If **pO2** was done, enter the percent (i.e. 40%) of **Lung pO2 was on FiO2** in the space provided.

pCO2: Enter the **pCO2** in mm/Hg in the space provided.

Was a pulmonary artery catheter placed: Select **Yes** if a pulmonary artery catheter was placed. If not, select **No.**

If Yes, Initial (baseline) and **Final-Preoperative measurements:** If a pulmonary artery catheter was placed, enter the **Initial (baseline)** and **Final-Preoperative** measurements for the following:

MAP (mm/Hg)=Mean arterial pressure
CVP (mm/Hg) = Central Venous Pressure
PCWP (mm/Hg) = Pulmonary Capillary Wedge Pressure
SVR (dynes/sec/cm)^5=Systemic vascular resistance
PA Systolic (mm/Hg) = Pulmonary Artery Pressure Systolic
PA Diastolic (mm/Hg)= Pulmonary Artery Pressure Diastolic
CO (L/min) =Cardiac output
Cardiac Index (L/min/sq. m)=Cardiac Index

Biopsy (DISPLAYS FOR HEART DONORS ONLY)**:** Indicate whether a biopsy was performed. If a biopsy was performed, select **Yes**, along with the type of result. If **Yes**, **Other Diagnosis Specify** was selected, enter the diagnosis in the space provided. If a biopsy was not performed, select **No**.

No
Yes, Myocarditis
Yes, Negative Biopsy Result
Yes, Other Diagnosis Specify

Left Kidney Biopsy: Select **Yes** or **No** to indicate if a biopsy was performed on the left kidney.

% Glomerulosclerosis: Select the appropriate glomerulosclerosis percentage for the left kidney.

0 - 5
6 - 10
11 - 15
16 - 20
20+
Indeterminate

Pump: Select **Yes** if a pump was used in preservation of the left kidney. If not, select **No**. If **Yes** is selected, enter the **Final Resistance Prior to Shipping** in the space provided.

Transferred to transplant center on pump?: If pump was used in preservation of the left kidney, indicate whether the organ was transferred to the transplant center on pump by selecting **Yes** or **No**.

Right Kidney Biopsy: Select **Yes** or **No** to indicate if a biopsy was performed on the right kidney.

Glomerulosclerosis: Select the appropriate box to indicate the glomerulosclerosis percentage for the right kidney.

0 - 5
6 - 10
11 - 15
16 - 20
20+
Indeterminate

Pump: Select **Yes** if a pump was used in preservation of the right kidney. If not, select No. If Yes is selected, enter the **Final Resistance Prior to Shipping** in the space provided.

Transferred to transplant center on pump?: If pump was used in preservation of the right kidney, indicate whether the organ was transferred to the transplant center on pump by selecting **Yes** or **No**.

Liver Biopsy: Select **Yes** or **No** to indicate if a biopsy was performed on the liver. If **Yes** is selected, complete the following fields:

% Macro vesicular fat: Enter the percentage of macro vesicular fat in the space provided.

Macrovesicular type - Large fat droplets balloon the liver cell, displacing the nucleus to the periphery of the cell, like an adipocyte. Triglyceride accumulates most commonly because it has the highest turnover rate of all hepatic fatty acid esters. Liver uptake of FFA from adipose tissue and the diet is unrestrained, whereas FFA disposition by oxidation, esterification, and VLDL secretion is limited.

% Micro/intermediate vesicular fat: Enter the percentage of micro/intermediate vesicular fat in the space provided.

Microvesicular - Fatty liver, small fat droplets accumulate, cells appear foamy, and nuclei are central. Triglycerides collect in subcellular organelles (i.e. endoplasmic reticulum), reflecting widespread metabolic disturbance. Mitochondrial injury limits FFA oxidation, while apoprotein synthesis necessary for VLDL secretion is depressed, leading to triglyceride accumulation.

Other Histology (check all that apply): Indicate if a **Hemosidera** and/or **Granulomas** was performed. If **Other, specify**, enter the histology in the space provided.

Left Lung and Right Lung Bronchoscopy: Indicate the results of a bronchoscopy procedure. If the results were normal, select **Bronchoscopy, Results Normal**. If the results were abnormal, select **Abnormal** along with the type of abnormality. If a bronchoscopy was not performed, select **No Bronchoschopy**. If unknown, select **Unknown if bronchoscopy performed**.

No Bronchoscopy
Bronchoscopy Results normal
Bronchoscopy Results, Abnormal-purulent secretions
Bronchoscopy Results, Abnormal-aspiration of foreign body
Bronchoscopy Results, Abnormal-blood
Bronchoscopy Results, Abnormal-anatomy/other lesion
Bronchoscopy Results, Unknown
Unknown if bronchoscopy performed

Chest X-ray: Indicate whether abnormalities were found on the chest x-ray. If the results are normal, select **Normal**. If the results are abnormal, select **Abnormal** along with the location where the abnormality was found. If this information was unknown, select **Unknown if chest x-ray performed**. If a chest x-ray was performed and the results are unknown, select **Results unknown**. If no chest x-ray was performed, select **No chest x-ray**. If lungs were not recovered, this field is not required.

No chest x-ray
Normal
Abnormal-left
Abnormal-right
Abnormal-both
Results Unknown
Unknown if chest x-ray performed

Organ Dispositions

Complete the requested information for each displayed organ type listed below. Each donor organ reported in the Donor Feedback in DonorNet is listed.

If DCD Date and Time Organ Recovered/Removed from Donor: Enter the date (MM/DD/YYYY format) and time (military time) of organ recovery/removal.

Organ: Verify whether any of the following codes indicates the final disposition of each organ type.

Consent Not Requested
Consent Not Obtained
Organ Not Recovered
Recovered Not for Tx
Recovered for Tx but Not Tx
Transplanted
N/A

Recipient: The recipient name is the name displayed from the Waitlist removal record. Verify that the recipient listed as having received this organ is correct.

SSN: The recipient's social security number reported as accepting by the transplant center in Recipient Feedback displays. Verify that the recipient's social security number listed as having received this organ is correct.

Tx Center: The recipient's transplant center displays. Verify that the information is correct.

Reason Code: Enter the reason code for each donor organ in association with the displayed disposition. If **Other, specify** is selected, enter the reason in the space provided.

Reason Consent Not Requested Codes

Donor age
Non-heart beating donor
History of previous cardiac surgery (valid for heart only)
History of severe cardiac disease (valid for heart only)
History of lung disease (valid for lung only)
History of gastro-intestinal disease (valid for intestine only)
History of diabetes mellitus (valid for pancreas only)
Pancreatitis (valid for pancreas only)
Acute/chronic renal failure
Donor quality
Donor ABO
Other specify

Reason Consent Not Obtained Codes

Emotional
Cultural beliefs
Religious beliefs
Family conflict
Other, specify

Reason Organ Not Recovered Codes

Poor organ function
Cardiac Arrest
Infection
Positive Hepatitis
Positive HIV
Diseased organ
Anatomical abnormalities (not valid for PA or PA segments)
Vascular damage
No recipient located
Donor medical history
Donor social history
Positive HTLV - 1
Biopsy findings

Surgical damage in OR
No local recovery team
Organ refused by all regional programs
Organ refused by all national programs
Organ refused by all programs with urgent need
Ruled out after evaluation in OR
Ruled out due to biopsy report
Ejection fraction < 50%
PO_2 < 200 on O_2 challenge
Hemodynamically unstable donor
Trauma to organ
Positive (+) gram stain
Time constraints
Medical Examiner restricted recovery
Replaced/aberrant RHA or CHA traversing head of PA
IPDA-SMA junction identified within 5mm from RHA junction
IPDA originating directly from RHA
Other anatomical abnormality
Converted anatomical abnormalities (206 for PA and PA segments) INACTIVE
Other, specify

Reason Recovered not for Transplant Codes

Recovered for Research
Recovered for Heart Valves
Recovered for Extra-corporeal Liver
Recovered only for purpose Hepatocytes
Recovered Pancreas for Technical Reasons (DMS-use only)

Reason Recovered for Transplant but not Transplanted Codes

Recovered for Transplant: Discarded Locally
Recovered for Transplant: Shared and Discarded
Recovered for Transplant: Submitted for Research
Recovered for Transplant: Sent for Heart Valves
Recovered for Transplant: whole PA/PI, processed for islets, not transplanted or transplant unknown
Recovered for Transplant: Sent for Ex-corp Liver
Recovered for Transplant: Sent for Hepatocytes
Recovered for Transplant: Pancreas sent for Technical Reasons (DMS-use only)
Exported, not transplanted or transplant unknown

Organ Disposition Codes

Organ Transplanted Locally
Organ Transplanted Shared
Islet Cells Transplanted
Exported Out of U.S., transplanted

Reason Organ not Transplanted: If the organ was not transplanted, indicate the reason the organ was not transplanted.

Too old on pump
Too old on ice
Vascular damage
Ureteral damage
Inadequate urine output
Donor medical history
Donor social history

Positive CMV
Positive HIV
Positive Hepatitis
Warm ischemic time too long
Organ trauma
Organ not as described
Biopsy findings
Recipient determined to be unsuitable for TX in OR
Poor organ function
Infection
Diseased organ
Anatomical abnormalities
No recipient located - list exhasted
Other, specify

Recovery Team #: For each recovered organ, enter the 6-digit Medicare Provider number of the OPO or transplant center procurement team that performed the recovery operation.

Initial Flush Solution: For each recovered organ, indicate the flush solution used during the recovery procedure. If **Other Specify** is selected, indicate the flush solution used in the space provided. If unknown, select **Unknown**.

Viaspan (UW/Belzer)
Eurocollins
Modified Collins
Cardioplege
Pulmoplege
Saline
Ringers
Celsior
Custodiol
Perfadex
No Flush
Unknown
Other, specify

Back Table Flush Solution: For each recovered organ, indicate the back table flush solution used to preserve each organ. If a back flush solution was not used, select **No Flush**. If **Other Specify** is selected, indicate the flush solution used in the space provided. If unknown, select **Unknown**.

No Flush
Viaspan (UW/Belzer)
Eurocollins
Modified Collins
Cardioplege
Pulmoplege
Saline
Ringers
Celsior
Custodiol
Perfadex
Unknown
Other Specify

Final Flush/Storage Solution: For each recovered organ, indicate the final flush and storage solution used during the recovery procedure. If **Other Specify** is selected, indicate the flush solution used in the space provided. If unknown, select **Unknown**.

Viaspan (UW/Belzer)
Eurocollins
Modified Collins
Cardioplege
Pulmoplege
Saline
Ringers
Celsior
Custodiol
Perfadex
No Flush
Unknown
Other, specify

OPO sent vessels with organ: If vessels (vascular allografts) were sent with the organ, as indicated on the Donor Organ Disposition in DonorNet, **YES** displays.

Tx center used extra vessels in the tx procedure: If extra vessels (vascular allografts) were used in the transplant procedure, as indicated on the Waitlist Removal, **YES** displays.

Vessel Donor ID: The **Donor ID** entered on the Waitlist Removal displays.

Note: If the extra vessels used in a transplant procedure are procured from a tissue processing organization, they are not reported in UNet..