

Records

Deceased Donor Registration Worksheet

FORM APPROVED: O.M.B. NO. 0915-0157 Expiration Date: 08/31/2007

Note: These worksheets are provided to function as a guide to what data will be required in the online TIEDI® application. Currently in the worksheet, a red asterisk is displayed by fields that are required, independent of what other data may be provided. Based on data provided through the online TIEDI® application, additional fields that are dependent on responses provided in these required fields may become required as well. However, since those fields are not required in every case, they are not marked with a red asterisk.

Donor ID:

Donor Information		
OPO:		
Donor Hospital:		
Referral Date: *	<input type="text"/>	
Recovered Outside the U.S.: *	<input type="radio"/> YES <input type="radio"/> NO	
Country:	<input type="text"/>	
Last Name: *	First Name: *	MI:
<input type="text"/>	<input type="text"/>	<input type="text"/>
DOB:	<input type="text"/>	
Age:	<input type="text"/>	<input type="radio"/> Months <input type="radio"/> Years
Gender: *	<input type="radio"/> Male <input type="radio"/> Female	
Home City: *	State:	Zip Code:
<input type="text"/>	<input type="text"/>	<input type="text"/> - <input type="text"/>
Ethnicity/Race: *		
American Indian or Alaska Native		
<input type="checkbox"/> American Indian		
<input type="checkbox"/> Eskimo		
<input type="checkbox"/> Aleutian		
<input type="checkbox"/> Alaska Indian		
<input type="checkbox"/> American Indian or Alaska Native: Other		
<input type="checkbox"/> American Indian or Alaska Native: Not Specified/Unknown		
Black or African American		
<input type="checkbox"/> African American		
<input type="checkbox"/> African (Continental)		
<input type="checkbox"/> West Indian		
<input type="checkbox"/> Haitian		
<input type="checkbox"/> Black or African American: Other		
<input type="checkbox"/> Black or African American: Not Specified/Unknown		
Native Hawaiian or Other Pacific Islander		
<input type="checkbox"/> Native Hawaiian		
<input type="checkbox"/> Guamanian or Chamorro		
<input type="checkbox"/> Samoan		
<input type="checkbox"/> Native Hawaiian or Other Pacific Islander: Other		
<input type="checkbox"/> Native Hawaiian or Other Pacific Islander: Not Specified/Unknown		
Asian		
<input type="checkbox"/> Asian Indian/Indian Sub-Continent		
<input type="checkbox"/> Chinese		
<input type="checkbox"/> Filipino		
<input type="checkbox"/> Japanese		
<input type="checkbox"/> Korean		
<input type="checkbox"/> Vietnamese		
<input type="checkbox"/> Asian: Other		
<input type="checkbox"/> Asian: Not Specified/Unknown		
Hispanic/Latino		
<input type="checkbox"/> Mexican		
<input type="checkbox"/> Puerto Rican (Mainland)		
<input type="checkbox"/> Puerto Rican (Island)		
<input type="checkbox"/> Cuban		
<input type="checkbox"/> Hispanic/Latino: Other		
<input type="checkbox"/> Hispanic/Latino: Not Specified/Unknown		
White		
<input type="checkbox"/> European Descent		
<input type="checkbox"/> Arab or Middle Eastern		
<input type="checkbox"/> North African (non-Black)		
<input type="checkbox"/> White: Other		
<input type="checkbox"/> White: Not Specified/Unknown		
Citizenship: *		
<input checked="" type="radio"/> U.S. CITIZEN		
<input type="radio"/> RESIDENT ALIEN		
<input type="radio"/> NON-RESIDENT ALIEN, Specify Country		
Home Country:	<input type="text"/>	
Cause of Death: *		
<input type="radio"/> ANOXIA		
<input type="radio"/> CEREBROVASCULAR/STROKE		
<input type="radio"/> HEAD TRAUMA		
<input type="radio"/> CNS TUMOR		
<input type="radio"/> OTHER SPECIFY		
Specify:	<input type="text"/>	
<input type="radio"/> DROWNING		
<input type="radio"/> SEIZURE		
<input type="radio"/> DRUG INTOXICATION		
<input type="radio"/> ASPHYXIATION		
<input type="radio"/> CARDIOVASCULAR		

Mechanism of Death:*

- ELECTRICAL
- GUNSHOT WOUND
- STAB
- BLUNT INJURY
- SIDS
- INTRACRANIAL HEMORRHAGE/STROKE
- DEATH FROM NATURAL CAUSES
- NONE OF THE ABOVE

Circumstances of Death:*

- MVA
- SUICIDE
- HOMICIDE
- CHILD-ABUSE
- NON-MVA
- DEATH FROM NATURAL CAUSES
- NONE OF THE ABOVE

Procurement and Consent

Medical Examiner/Coroner:*

- NO
- YES, MEDICAL EXAMINER CONSENTED
- YES, MEDICAL EXAMINER REFUSED CONSENT
- UNKNOWN

Did the patient have written documentation of their intent to be a donor:*

- YES
- NO
- UNK

If yes, indicate mechanisms (check all that apply):

- Driver's license
- Donor Card
- Donor Registry
- Durable Power of Attorney / Healthcare Proxy
- Other Specify

Was the consent based solely on this documentation: YES NO

Did the patient express to family or others the intent to be a donor:*

- YES
- NO
- UNK

Date and time of pronouncement of death: (Complete for brain dead and DCD donors):

Date: Time: (military time)

Date and time consent obtained for first organ:

Date: Time: (military time)

Clinical Information

ABO Blood Group:

Height: * ft in cm ST=

Weight: * lbs kg ST=

Terminal Lab Data:

Serum Creatinine: * mg/dl ST=

BUN: * mg/dl ST=

Total Bilirubin: * mg/dl ST=

SGOT/AST: * u/L ST=

SGPT/ALT: * u/L ST=

Protein in Urine: * YES NO UNK

Last Serum Sodium Prior to Procurement: * mEq/L ST=

INR: * ST=

Blood PH: * ST=

Hematocrit: * % ST=

Pancreas (PA Donors Only):

Serum Lipase: u/L ST=

Serum Amylase: u/L ST=

Serology:

Anti-HIV I/II: *

- Positive
- Negative
- Unknown
- Cannot Disclose
- Not Done
- Indeterminate

Anti-HTLV I/II: *

- Positive
- Negative
- Unknown
- Cannot Disclose
- Not Done
- Indeterminate

RPR-VDRL: *

- Positive
- Negative
- Unknown
- Cannot Disclose
- Not Done
- Indeterminate

Anti-CMV: *

- Positive
- Negative
- Unknown
- Cannot Disclose
- Not Done
- Indeterminate

HBsAg: *

- Positive
- Negative
- Unknown
- Cannot Disclose
- Not Done
- Indeterminate

Anti-HBc: *

- Positive
- Negative
- Unknown
- Cannot Disclose
- Not Done
- Indeterminate

Anti-HCV: *

- Positive
- Negative
- Unknown
- Cannot Disclose
- Not Done
- Indeterminate

HBsAb: *

- Positive
- Negative
- Unknown
- Cannot Disclose
- Not Done
- Indeterminate

- Positive
- Negative

EBV (VCA) (IgG): *

- Unknown
- Cannot Disclose
- Not Done
- Indeterminate

EBV (VCA) (IgM): *

- Positive
- Negative
- Unknown
- Cannot Disclose
- Not Done
- Indeterminate

EBNA: *

- Positive
- Negative
- Unknown
- Cannot Disclose
- Not Done
- Indeterminate

Donor Management: (Any medications administered within 24 hours prior to crossclamp.)

Steroids: *

- YES
- NO
- UNK

Diuretics: *

- YES
- NO
- UNK

T3: *

- YES
- NO
- UNK

T4: *

- YES
- NO
- UNK

Anticonvulsants: *

- YES
- NO
- UNK

Antihypertensives: *

- YES
- NO
- UNK

Vasodilators: *

- YES
- NO
- UNK

DDAVP: *

- YES
- NO
- UNK

Heparin: *

- YES
- NO
- UNK

Arginine Vasopressin: *

- YES
- NO
- UNK

Insulin: *

- YES
- NO
- UNK

Other/Specify:

Other/Specify:

Other/Specify:

Inotropic Medications at Time of Cross Clamp:

- YES
- NO
- UNK

Medication:

- Dopamine
- Dobutamine
- Epinephrine
- Levophed
- Neosynephrine
- Isoproterenol (Isuprel)
- Other, specify

Specify:

Dosage Units:

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

Dosage At Time of Cross Clamp:

Final Dosage Duration:

 hours

- Dopamine

Medication:

- Dobutamine
- Epinephrine
- Levophed
- Neosyneprine
- Isoproterenol (Isuprel)
- Other, specify

Specify:

Dosage At Time of Cross Clamp:

Dosage Units:

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

Final Dosage Duration:

 hours

Medication:

- Dopamine
- Dobutamine
- Epinephrine
- Levophed
- Neosyneprine
- Isoproterenol (Isuprel)
- Other, specify

Specify:

Dosage At Time of Cross Clamp:

Dosage Units:

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

Final Dosage Duration:

 hours

Number of transfusions during this (terminal) hospitalization: *

- NONE
- 1 - 5
- 6 - 10
- GREATER THAN 10
- UNKNOWN

Three or more inotropic agents at time of incision: *

- YES NO

Clinical Infection: *

- YES NO UNK

Source

- Blood
- Lung
- Urine
- Other

Confirmed by Culture

- YES NO
- YES NO
- YES NO
- YES NO

Other, specify:

Lifestyle Factors

Cigarette Use (> 20 pack years) - Ever: *

- YES NO UNK

AND continued in last six months:

- YES NO UNK

Cocaine Use - Ever: *

- YES NO UNK

AND continued in last six months:

- YES NO UNK

Other Drug Use (non - IV) - Ever: *

- YES NO UNK

AND continued in last six months:

- YES NO UNK

Heavy Alcohol Use (heavy= 2+ drinks/day):* YES NO UNK

Tattoos:* YES NO UNK

Does the Donor meet CDC guidelines for "High Risk" for an organ donor:* YES NO UNK

History of Diabetes:* NO
 YES, 0-5 YEARS
 YES, 6-10 YEARS
 YES, >10 YEARS
 YES, DURATION UNKNOWN
 UNKNOWN

Insulin Dependent: NO
 YES, 0-5 YEARS
 YES, 6-10 YEARS
 YES, >10 YEARS
 YES, DURATION UNKNOWN
 UNKNOWN

History of Hypertension:* NO
 YES, 0-5 YEARS
 YES, 6-10 YEARS
 YES, >10 YEARS
 YES, UNKNOWN DURATION
 UNKNOWN

If yes, method of control:

Diet: YES NO UNK

Diuretics: YES NO UNK

Other Hypertensive Medication: YES NO UNK

History of Cancer:*

Specify:

Cancer Free Interval: years ST=

Organ Recovery

Recovery Date (donor to OR):

Was this a DCD donor: YES NO

If Yes, Controlled: YES NO UNK

If Yes, Date and time of withdrawal of support: Date: Time: (military time)

If Yes, Date and time agonal phase begins (systolic BP < 80 or O2 sat. < 80%): Date: Time: (military time)

If DCD, Total urine output during OR recovery phase:

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 Agonal Phase and Cardiac Death.

Date: Time (military time): Systolic blood pressure: Diastolic blood pressure: Mean arterial pressure: O2 saturation:

If Yes, Core Cooling Used: YES NO

If Yes, Date and time of abdominal aorta cannulation: Date: Time: (military time) ST=

If Yes, Date and time of thoracic aorta cannulation: Date: Time: (military time) ST=

If Yes, Date and time of portal vein cannulation: Date: Time: (military time) ST=

If Yes, Date and time of pulmonary artery cannulation: Date: Time: (military time) ST=

Estimated Warm Ischemic Time: min ST=

If No, Was this a consented DCD donor that progressed to brain death? YES NO

Cardiac arrest since neurological event that led to declaration of brain death: YES NO

If Yes, Duration of Resuscitation: min ST=

Clamp Date:

Clamp Time: (Military Time) ST=

Clamp Time Zone: Eastern
 Central
 Mountain
 Pacific
 Alaska
 Hawaii
 Atlantic

All Donors Cardiac and Pulmonary Function:

History of previous MI: YES NO UNK

LV ejection fraction (%): ST=

Method: Echo
 MUGA
 Angiogram

Coronary Angiogram: No
 Yes, normal
 Yes, not normal

If Abnormal, # of Vessels with > 50% Stenosis: 0 1 2 3 Unknown

Pulmonary Measurements:

Lung - Was pO2 done: YES NO UNK

If Yes, Lung pO2 terminal value: mm/Hg ST=

If Yes, Lung pO2 on FiO2 terminal value of:

pCO2: mm/Hg ST=

Was a pulmonary artery catheter placed: YES NO

If Yes, Initial (baseline) and Final-Preoperative measurements:

	Initial		Final
Map: (mm/Hg)	<input type="text"/>	ST= <input type="text"/>	<input type="text"/>
CVP: (mm/Hg)	<input type="text"/>	ST= <input type="text"/>	<input type="text"/>
PCWP: (mm/Hg)	<input type="text"/>	ST= <input type="text"/>	<input type="text"/>
SVR: (dynes/sec/cm) ⁵	<input type="text"/>	ST= <input type="text"/>	<input type="text"/>
PA Systolic: (mm/Hg)	<input type="text"/>	ST= <input type="text"/>	<input type="text"/>
PA Diastolic: (mm/Hg)	<input type="text"/>	ST= <input type="text"/>	<input type="text"/>
CO: (L/min)	<input type="text"/>	ST= <input type="text"/>	<input type="text"/>
Cardiac Index: (L/min/sq.m)	<input type="text"/>	ST= <input type="text"/>	<input type="text"/>

Biopsy (heart donors only): NO
 YES, MYOCARDITIS
 YES, NEGATIVE BIOPSY RESULT
 YES, OTHER DIAGNOSIS SPECIFY

Other Diagnosis /Specify:

Left Kidney Biopsy: YES NO

Glomerulosclerosis: 0-5
 6-10
 11-15
 16-20

- 20+
- Indeterminate
- YES NO

Pump:

Final Resistance Prior to Shipping:

ST=

Transferred to transplant center on pump:

- YES NO

Right Kidney Biopsy:

- YES NO

Glomerulosclerosis:

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

Pump:

Final Resistance Prior to Shipping:

ST=

Transferred to transplant center on pump:

- YES NO

Liver Biopsy:

- YES NO

% Macro vesicular fat:

 %

ST=

% Micro/intermediate vesicular fat:

 %

ST=

Other Histology (check all that apply):

Hemosidera:

Granulomas:

Other Specify:

Left Lung Bronchoscopy:

- 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

Right Lung Bronchoscopy:

- 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:

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

Organ Dispositions

Right Kidney

- Consent Not Requested

Organ:

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

If DCD Date and time right kidney recovered/removed from donor:

Date:

Time: (military time)

Recipient:

SSN:

TX Center:

Reason Code:

Specify:

Reason organ not transplanted:

Specify:

Recovery Team#:

Initial Flush Solution:

Specify:

Back Table Flush Solution:

Specify:

Final Flush/Storage Solution:

Specify:

Left Kidney

Organ:

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

If DCD Date and time left kidney recovered/removed from donor:

Date:

Time: (military time)

Recipient:

SSN:

TX Center:

Reason Code:

Specify:

Reason organ not transplanted:

Specify:

Recovery Team#:

Initial Flush Solution:

Specify:

Back Table Flush Solution:

Specify:

Final Flush/Storage Solution:

Specify:

Double Enbloc Kidney

Organ:

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

If DCD Date and time double/en-bloc kidney recovered/removed from donor:

Date:

Time: (military time)

Recipient:
 SSN:
 TX Center:
 Reason Code:
 Specify:
 Reason organ not transplanted:
 Specify:
 Recovery Team#:
 Initial Flush Solution:
 Specify:
 Back Table Flush Solution:
 Specify:
 Final Flush/Storage Solution:
 Specify:

Pancreas

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

If DCD Date and time whole pancreas recovered/removed from donor: Date: Time: (military time)

Recipient:
 SSN:
 TX Center:
 Reason Code:
 Specify:
 Reason organ not transplanted:
 Specify:
 Recovery Team#:
 Initial Flush Solution:
 Specify:
 Back Table Flush Solution:
 Specify:
 Final Flush/Storage Solution:
 Specify:

Pancreas Segment 1

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

If DCD Date and time pancreas segment 1 recovered/removed from donor: Date: Time: (military time)

Recipient:
 SSN:
 TX Center:
 Reason Code:
 Specify:
 Reason organ not transplanted:
 Specify:
 Recovery Team#:

Initial Flush Solution:
Specify:
Back Table Flush Solution:
Specify:
Final Flush/Storage Solution:
Specify:

Pancreas Segment 2

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

If DCD Date and time pancreas segment 2 recovered/removed from donor: Date: Time: (military time)

Recipient:
SSN:
TX Center:
Reason Code:
Specify:
Reason organ not transplanted:
Specify:
Recovery Team#:
Initial Flush Solution:
Specify:
Back Table Flush Solution:
Specify:
Final Flush/Storage Solution:
Specify:

Liver

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

If DCD Date and time whole liver recovered/removed from donor: Date: Time: (military time)

Recipient:
SSN:
TX Center:
Reason Code:
Specify:
Reason organ not transplanted:
Specify:
Recovery Team#:
Initial Flush Solution:
Specify:
Back Table Flush Solution:
Specify:
Final Flush/Storage Solution:
Specify:

Liver Segment 1

Organ:

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

If DCD Date and time liver segment 1 recovered/removed from donor:

Date:

Time: (military time)

Recipient:

SSN:

TX Center:

Reason Code:

Specify:

Reason organ not transplanted:

Specify:

Recovery Team#:

Initial Flush Solution:

Specify:

Back Table Flush Solution:

Specify:

Final Flush/Storage Solution:

Specify:

Liver Segment 2

Organ:

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

If DCD Date and time liver segment 1 recovered/removed from donor:

Date:

Time: (military time)

Recipient:

SSN:

TX Center:

Reason Code:

Specify:

Reason organ not transplanted:

Specify:

Recovery Team#:

Initial Flush Solution:

Specify:

Back Table Flush Solution:

Specify:

Final Flush/Storage Solution:

Specify:

Intestine

Organ:

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

If DCD Date and time whole intestine recovered/removed from donor:

Date:

Time: (military time)

Recipient:

SSN:

TX Center:

Reason Code:

Specify:

Reason organ not transplanted:

Specify:

Recovery Team#:

Initial Flush Solution:

Specify:

Back Table Flush Solution:

Specify:

Final Flush/Storage Solution:

Specify:

Intestine Segment 1

Organ:

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

If DCD Date and time whole intestine recovered/removed from donor:

Date:

Time: (military time)

Recipient:

SSN:

TX Center:

Reason Code:

Specify:

Reason organ not transplanted:

Specify:

Recovery Team#:

Initial Flush Solution:

Specify:

Back Table Flush Solution:

Specify:

Final Flush/Storage Solution:

Specify:

Intestine Segment 2

Organ:

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

If DCD Date and time whole intestine recovered/removed from donor:

Date:

Time: (military time)

Recipient:

SSN:

TX Center:

Reason Code:

Specify:

Reason organ not transplanted:

Specify:

Recovery Team#:

Initial Flush Solution:

Specify:

Back Table Flush Solution:

Specify:

Final Flush/Storage Solution:

Specify:

Heart

Organ:

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

If DCD Date and time heart recovered/removed from donor:

Date:

Time: (military time)

Recipient:

SSN:

TX Center:

Reason Code:

Specify:

Reason organ not transplanted:

Specify:

Recovery Team#:

Initial Flush Solution:

Specify:

Back Table Flush Solution:

Specify:

Final Flush/Storage Solution:

Specify:

Left Lung

Organ:

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

If DCD Date and time left lung recovered/removed from donor:

Date:

Time: (military time)

Recipient:

SSN:

TX Center:

Reason Code:

Specify:

Reason organ not transplanted:

Specify:

Recovery Team#:

Initial Flush Solution:

Specify:

Back Table Flush Solution:

Specify:

Final Flush/Storage Solution:

Specify:

Right Lung

Organ:

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

If DCD Date and time right lung recovered/removed from donor:

Date:

Time: (military time)

Recipient:

SSN:

TX Center:

Reason Code:

Specify:

Reason organ not transplanted:

Specify:

Recovery Team#:

Initial Flush Solution:

Specify:

Back Table Flush Solution:

Specify:

Final Flush/Storage Solution:

Specify:

Double Lung

Organ:

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

If DCD Date and time double/en-bloc lung recovered/removed from donor:

Date:

Time: (military time)

Recipient:

SSN:

TX Center:

Reason Code:

Specify:

Reason organ not transplanted:

Specify:

Recovery Team#:

Initial Flush Solution:

Specify:

Back Table Flush Solution:

Specify:

Final Flush/Storage Solution:

Specify:

UNOS View Only

Comments: