

Records

Living Donor Registration Worksheet

The revised worksheet sample is for reference purposes only and is pending OMB approval.

Note: These worksheets are provided to function as a guide to what data will be required in the online TIEDI^B 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^B 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:

Provider Information
Recipient Center:

Donor Information		
Donor Name:		
UNOS Donor ID #:		
Address: *		
<input type="text"/>		
Home City: *	State:	Zip Code:
<input type="text"/>	<input type="text"/>	<input type="text"/> - <input type="text"/>
Home Phone: *	Work Phone:	Email:
<input type="text"/>	<input type="text"/>	<input type="text"/>
SSN: *	Date of Birth: *	Gender: *
<input type="text"/>	<input type="text"/>	<input type="radio"/> Male <input type="radio"/> Female
Marital Status at Time of Donation: *		
<input type="radio"/> Single		
<input type="radio"/> Married		
<input type="radio"/> Divorced		
<input type="radio"/> Separated		
<input type="radio"/> Life Partner		
<input type="radio"/> Unknown		
ABO Blood Group: *		
<input type="radio"/> O <input type="radio"/> A <input type="radio"/> B <input type="radio"/> AB <input type="radio"/> A1 <input type="radio"/> A1B <input type="radio"/> A2 <input type="radio"/> A2B		

Donor Type: *

- Biological, blood related Parent
- Biological, blood related Child
- Biological, blood related Identical Twin
- Biological, blood related Full Sibling
- Biological, blood related Half Sibling
- Biological, blood related Other Relative: SPECIFY
- Non-Biological, Spouse
- Non-Biological, Life Partner
- Non-Biological, Unrelated: Paired Exchange
- Non-Biological, Unrelated: Non-Directed Donation (Anonymous)
- Non-Biological, Living/Deceased Exchange
- Non-Biological, Unrelated: Domino
- Non-Biological, Other Unrelated Directed Donation: Specify

Specify:

Ethnicity/Race: *
(select all origins that apply)

American Indian or Alaska Native

- American Indian
- Eskimo
- Aleutian
- Alaska Indian
- American Indian or Alaska Native: Other
- American Indian or Alaska Native: Not Specified/Unknown

Black or African American

- African American
- African (Continental)
- West Indian

Asian

- Asian Indian/Indian Sub-Continent
- Chinese
- Filipino
- Japanese
- Korean
- Vietnamese
- Asian: Other
- Asian: Not Specified/Unknown

Hispanic/Latino

- Mexican
- Puerto Rican (Mainland)
- Puerto Rican (Island)

- Haitian
- Black or African American: Other
- Black or African American: Not Specified/Unknown
- Native Hawaiian or Other Pacific Islander
 - Native Hawaiian
 - Guamanian or Chamorro
 - Samoan
 - Native Hawaiian or Other Pacific Islander: Other
 - Native Hawaiian or Other Pacific Islander: Not Specified/Unknown

- Cuban
- Hispanic/Latino: Other
- Hispanic/Latino: Not Specified/Unknown
- White
 - European Descent
 - Arab or Middle Eastern
 - North African (non-Black)
 - White: Other
 - White: Not Specified/Unknown

Citizenship: *

- U.S. CITIZEN
- RESIDENT ALIEN
- NON-RESIDENT ALIEN, Year Entered US

Year of Entry into U.S.:

Highest Education Level: *

- NONE
- GRADE SCHOOL (0-8)
- HIGH SCHOOL (9-12)
- ATTENDED COLLEGE/TECHNICAL SCHOOL
- ASSOCIATE/BACHELOR DEGREE
- POST-COLLEGE GRADUATE DEGREE
- N/A (< 5 YRS OLD)
- UNKNOWN

Did the donor have health insurance: *

- YES
- NO
- UNK

Functional Status: *

- No Limitations

Physical Capacity: (check one) *

- Limited Mobility
- Wheelchair bound or more limited
- Unknown

Working for Income:

- YES
- NO
- UNK

If No, Not Working Due To: (check one)

- Disability
- Insurance Conflict
- Inability to Find Work
- Donor Choice - Homemaker
- Donor Choice - Student Full Time/Part Time
- Donor Choice - Retired
- Donor Choice - Other
- Unknown

If Yes:

- Working Full Time
- Working Part Time due to Disability
- Working Part Time due to Insurance Conflict
- Working Part Time due to Inability to Find Full Time Work
- Working Part Time due to Donor Choice
- Working Part Time Reason Unknown
- Working, Part Time vs. Full Time Unknown

Pre-Donation Clinical Information

Viral Detection:

Have any of the following viruses ever been tested for: HIV, CMV, HBV, HCV, EBV *

- YES
- NO

HIV

- YES
- NO

Test

Result

Screening: Positive
 Negative
 Not Done
 UNK/Cannot Disclose

Confirmation: Positive
 Negative
 Not Done
 UNK/Cannot Disclose

Was there clinical disease (ARC, AIDS): YES NO UNK

Antibody: Positive
 Negative
 Not Done
 UNK/Cannot Disclose

RNA: Positive
 Negative
 Not Done
 UNK/Cannot Disclose

CMV YES NO

Test	Result
CMV:	<input type="radio"/> Positive
	<input type="radio"/> Negative
	<input type="radio"/> Not Done
	<input type="radio"/> UNK/Cannot Disclose

Was there clinical disease: YES NO UNK

- IgG:
- Positive
 - Negative
 - Not Done
 - UNK/Cannot Disclose
- IgM:
- Positive
 - Negative
 - Not Done
 - UNK/Cannot Disclose
- Nucleic Acid Testing:
- Positive
 - Negative
 - Not Done
 - UNK/Cannot Disclose
- Culture:
- Positive
 - Negative
 - Not Done
 - UNK/Cannot Disclose

HBV

- YES NO

Test

Result

- Was there clinical disease: YES NO UNK

- Liver Histology:
- Positive
 - Negative
 - Not Done
 - UNK/Cannot Disclose
 - Positive
 - Negative

- Core Antibody: Not Done
 UNK/Cannot Disclose
- Surface Antigen: Positive
 Negative
 Not Done
 UNK/Cannot Disclose
- HBV DNA: Positive
 Negative
 Not Done
 UNK/Cannot Disclose
- HDV (Delta Virus): Positive
 Negative
 Not Done
 UNK/Cannot Disclose

HCV

- YES NO

Test

Result

- Was there clinical disease: YES NO UNK
- Liver Histology: Positive
 Negative
 Not Done
 UNK/Cannot Disclose
- Antibody: Positive
 Negative

- RIBA:
- Not Done
 - UNK/Cannot Disclose
 - Positive
 - Negative
 - Not Done
 - UNK/Cannot Disclose
- HCV RNA:
- Positive
 - Negative
 - Not Done
 - UNK/Cannot Disclose

EBV

- YES NO

Test

Result

- Was there clinical disease: YES NO UNK

- IgG:
- Positive
 - Negative
 - Not Done
 - UNK/Cannot Disclose

- IgM:
- Positive
 - Negative
 - Not Done
 - UNK/Cannot Disclose

- EBV DNA:
- Positive
 - Negative
 - Not Done
 - UNK/Cannot Disclose

Pre-Donation Height and Weight

Height: *

ft in cm

ST=

Weight: *

lb kg

ST=

History of Cancer: *

- 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

Specify:

Cancer Free
Interval:

 years

ST=

History of Cigarette Use: *

YES NO

0-10

11-20

21-30

If Yes, Check # pack years:

31-40

41-50

>50

Unknown pack years

Duration of Abstinence:

- 0-2 months
- 3-12 months
- 13-24 months
- 25-36 months
- 37-48 months
- 49-60 months
- >60 months
- Continues To Smoke
- Unknown duration

Other Tobacco Used: *

- YES
- NO
- UNK

Diabetes: *

- YES
- NO
- UNK

Treatment:

- Insulin
- Oral Hypoglycemic Agent
- Diet

Pre-Donation Liver Clinical Information

Total Bilirubin: *

mg/dl

ST=

SGOT/AST: *

U/L

ST=

SGPT/ALT: *

U/L

ST=

Alkaline Phosphatase: *

units/L

ST=

Serum Albumin: *

g/dl

ST=

Serum Creatinine: *

mg/dl

ST=

ST=

INR: *

ST=

Liver Biopsy: *

YES NO

% Macro vesicular fat:

 %

ST=

% Micro vesicular fat:

 %

ST=

Pre-Donation Kidney Clinical Information

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

Serum Creatinine: *

 mg/dl

ST=

Preoperative Blood Pressure Systolic:

*

 mm/Hg

ST=

Preoperative Blood Pressure Diastolic:

*

 mm/Hg

ST=

Urinalysis: *

Positive

Urine Protein:

- Negative
- Not Done
- Unknown

or

Protein-Creatinine Ratio:

Kidney Biopsy: *

- YES NO

Glomerulosclerosis:

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

Pre-Donation Lung Clinical Information

	Before Bronchodilators	ST=	After Bronchodilators	ST=
FVC % predicted: *	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
FEV1 % predicted: *	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
FEF (25-75%) % predicted: *	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
TLC % predicted: *	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Diffusing lung

capacity corrected for alveolar volume % predicted: *

ST=

PaO2 on room air: *

mm/Hg

ST=

Liver Surgical Information

Type of Transplant Graft: *

- Left Lateral Segment (Peds)
- Left Lobe
- Right Lobe
- Domino Whole Liver

Kidney Surgical Information

Type of Transplant Graft:

- LEFT KIDNEY
- RIGHT KIDNEY
- EN-BLOC
- Sequential Kidney
- HEMI-RENAL

Intended Procedure Type: *

- Transabdominal
- Flank(retroperitoneal)
- Laparoscopic Not Hand-assisted
- Laparoscopic Hand-assisted

Conversion from Laparoscopic to Open:

- YES NO

Lung Surgical Information

Type of Transplant Graft:

- LOBE, RIGHT
- LOBE, LEFT

Procedure Type: *

Open

Video Assisted Thoracoscopic

Conversion from Thoracoscopic to Open:

YES NO

Intra-operative Complications: *

YES NO

If Yes, Specify:

Sacrifice of Second Lobe Specify

Anesthetic Complication Specify

Arrhythmia Requiring Therapy

Cerebrovascular Accident

Phrenic Nerve Injury

Brachial Plexus Injury

Breast Implant Rupture

Other Specify

Sacrifice of Second Lobe, Specify:

RML

RUL

LUL

Lingular

Anesthetic Complication Specify:

Arrhythmia requiring therapy:

Medical therapy

Cardioversion

Other Specify:

Post-Operative Information

Date of Initial Discharge: *

Donor Status:

Alive Dead

Date Last Seen or Death:

Cause of Death:

Other Specify:

Non-Autologous Blood Administration:

YES NO

If Yes, Number of Units:

 PRBC Platelets FFP

Liver Related Post-Operative Complications (In first 6 weeks post-donation)

Biliary Complications: *

YES NO UNK

If Yes, Specify:

Grade 1 b Bilious JP drainage more than 10 days

Grade 2 b Interventional procedure (ERCP, PTC, percutaneous drainage, etc.)

Grade 3 b Surgical Intervention

Date of surgery:

Vascular Complications Requiring Intervention: *

YES NO UNK

If Yes, Specify:

Portal Vein

Hepatic Vein

Hepatic Artery

Pulmonary Embolus

Deep Vein Thrombosis

Other, Specify

Specify:

Other Complications Requiring Intervention: *

YES NO UNK

Renal insufficiency requiring dialysis

Ascites

If Yes, Specify:

- Line or IV complication
- Pneumothorax
- Pneumonia
- Wound Complication
- Brachial Nerve Injury
- Other, specify

Specify:

Reoperation: *

YES NO UNK

If yes, specify reason for reoperation (during first six weeks):

- Liver Failure Requiring Transplant Date:
- Bleeding Complications Date:
- Hernia Repair Date:
- Bowel Obstruction Date:
- Vascular Complications Date:
- Other Specify Date:

Other Specify:

Any Readmission After Initial Discharge: *

YES NO UNK

If yes, specify reason for readmission (during first six weeks):

- Wound Infection
- Fever
- Bowel Obstruction
- Pleural Effusion
- Biliary Complications
- Vascular Complications
- Other, specify

Other Specify:

If Yes, Date of First Readmission:

Other Interventional Procedures: *

YES NO UNK

If Yes, Specify Procedure:

Date of Procedure:

Kidney Related Post-Operative Complications (In first 6 weeks post-donation)

Vascular Complications Requiring Intervention: *

YES NO UNK

If Yes, Specify:

- Renal Vein
- Renal Artery
- Aorta
- Vena Cava
- Pulmonary Embolus
- Deep Vein Thrombosis
- Other, specify

Specify:

Other Complications Requiring Intervention: *

YES NO UNK

If Yes, Specify:

- Renal insufficiency requiring dialysis
- Ascites
- Line or IV complication
- Pneumothorax
- Pneumonia
- Wound Complication
- Brachial Nerve Injury
- Other, specify

Other Specify:

Reoperation: *

YES NO UNK

If yes, specify reason for reoperation (during first six weeks):

Bleeding Date:

Hernia Repair Date:

Bowel Obstruction Date:

Vascular Date:

Other Specify Date:

Other Specify:

Any Readmission After Initial Discharge: *

YES NO UNK

If yes, specify reason for readmission (during first six weeks):

Wound Infection

Fever

Bowel Obstruction

Pleural Effusion

Vascular Complications

Other, specify

Other Specify:

If Yes, Date of First Readmission:

Other Interventional Procedures: *

YES NO UNK

If Yes, Specify Procedure:

Date of Procedure:

Lung Related Post-Operative Complications (In first 6 weeks post-donation)

Post-operative complications during the initial hospitalization: *

YES NO

Arrhythmia requiring therapy

Bleeding requiring surgical or therapeutic bronchoscopic intervention

- Bowel obstruction or ileus not requiring surgical intervention
- Bowel obstruction or ileus requiring surgical intervention
- Bronchial Stenosis/Stricture not requiring surgical or therapeutic bronchoscopic intervention
- Bronchial Stenosis/Stricture requiring surgical or therapeutic bronchoscopic intervention
- Bronchopleural Fistula requiring surgical or therapeutic bronchoscopic intervention
- Cerebrovascular Accident
- Deep Vein Thrombosis
- Empyema requiring therapeutic surgical intervention
- Epidural-Related Complication
- Line or IV Complication
- Loculated pleural effusion requiring surgical intervention
- Pericardial tamponade or pericarditis requiring surgical intervention
- Pericarditis not requiring surgical intervention
- Peripheral Nerve Injury
- Phrenic Nerve Injury
- Placement of Additional Thoracostomy Tube(s), Specify Indication
- Pneumonia/Atelectasis
- Prolonged (>14days) Thoracostomy Tube Requirement
- Pulmonary Artery Embolus or Thrombosis
- Pulmonary Vein or Left Atrial Thrombosis
- Wound Complication
- Wound infection requiring surgical intervention
- Other Specify

If Yes, Specify:

Arrhythmia requiring therapy:	<input type="radio"/> Medical therapy <input type="radio"/> Cardioversion <input type="radio"/> Electrophysiologic Ablation
Placement of Additional Thoracostomy Tube(s), Indication:	<input type="radio"/> Pneumothorax <input type="radio"/> Pleural effusion <input type="radio"/> Empyema
Other Specify:	<input type="text"/>

Any Readmission After Initial Discharge: *	<input type="radio"/> YES <input type="radio"/> NO <input type="radio"/> UNK
If yes, specify reason for readmission (during first six weeks):	<input type="checkbox"/> Wound Infection <input type="checkbox"/> Fever <input type="checkbox"/> Bowel Obstruction <input type="checkbox"/> Pleural Effusion <input type="checkbox"/> Vascular Complications <input type="checkbox"/> Other, specify
Specify:	<input type="text"/>
If Yes, Date of First Readmission:	<input type="text"/>

Post-Operative Clinical Information (Within 6 weeks post-donation)			
Most Recent Date of Tests:	<input type="text"/>		
Height:	<input type="text"/> ft	<input type="text"/> in	<input type="text"/> cm ST= <input type="text"/>
Weight:	<input type="text"/> lb	<input type="text"/> kg	ST= <input type="text"/>
Kidney Post-Operative Clinical Information			
Serum Creatinine: *	<input type="text"/> mg/dl	ST= <input type="text"/>	

Post-Op Blood Pressure Systolic: *

mm/Hg

ST=

Post-Op Blood Pressure Diastolic: *

mm/Hg

ST=

Urinalysis: *

Urine Protein:

- Positive
- Negative
- Not Done
- Unknown

or

Protein-Creatinine Ratio:

Donor Developed Hypertension
Requiring Medication: *

YES NO UNK

Liver Post-Operative Clinical Information

Total Bilirubin: *

mg/dl

ST=

SGOT/AST: *

U/L

ST=

SGPT/ALT: *

U/L

ST=

Alkaline Phosphatase: *

units/L

ST=

Serum Albumin: *

g/dl

ST=

Serum Creatinine: *

mg/dl

ST=

INR: *

ST=

Organ Recovery

Organ Recovery Date:

Did organ recovery and transplant occur at the same center?

Yes No

Organ(s) Recovered

Recipient Name (Last, First)

Recipient SSN#

Donor Recovery Facility:

Donor Workup Facility: