

# Living Donor Registration

Living Donor Registration (LDR) records are generated as soon as the Living Donor Feedback process is completed by the Transplant Center. The Living Donor Registration record is completed for all living organ donors. This includes kidney, segmental liver, heart, single lung, lung lobe, sectional pancreas, sectional intestine and domino whole liver donors.

Complete the Living Donor Registration record at hospital discharge or six weeks post donation, whichever is first.

**Note:** If the procedure was aborted, and the organ was not recovered, you are only required to complete the Donor, Pre-Donation Clinical and Surgical Information sections below.

View [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.

## PROVIDER INFORMATION

**Recipient Center:** The Recipient Center information reported in the Living Donor Feedback in Tiedi will display. Verify that the displayed transplant center is the hospital where the transplant operation was performed. The provider number printed in the record is the 6-character Medicare identification number of the hospital.

## DONOR INFORMATION

**Donor Name:** Verify the last name, first name and middle initial of the living donor is correct. If the information is incorrect, corrections may be made to the Living Donor Feedback record.

**UNOS Donor ID#:** Each living donor is assigned a unique donor identification number at the time OPTN/UNOS is notified a living donor transplant has occurred. For more information about Donor IDs, see Donor ID Information.

**Note:** For resident alien donors, you must complete their US Address, Home City, State and Zip Code. For non-resident alien donors, complete their Address, Home City and Home and Work Phone number.

**Address:** Enter the street address where the donor lived before hospitalization for recovery of this organ.

**Home City:** Enter the name of the city where the donor lived before hospitalization for recovery of this organ. If the donor does not live in the United States, enter the city and country of residence in this space.

**State:** Select the name of the State where the donor's home city is located.

**Zip Code:** Enter the U.S. Postal Zip Code of the location where the donor lived before hospitalization for recovery of this organ.

**Home Phone:** Enter the donor's home phone number.

**Work Phone:** Enter the donor's work phone number if available.

**Email:** Enter the donor's email address if available.

**SSN:** Enter the donor's social security number.

**Note:** If a living donor does not have a social security number, contact the Organ Center for a 9FN or 9CH number.

**Date of Birth:** Enter the date the donor was born using the standard 8-digit numeric format of MM/DD/YYYY.

**Gender:** Select the appropriate choice to indicate if the donor is male or female.

**Marital Status at time of Donation:** Indicate what the donor's marital status was at the time of donation.

Single  
Married

**Divorced**  
**Separated**  
**Life Partner**  
**Unknown**

**ABO Blood Group:** Select the donor's blood type. Acceptable values are: **O, A, B** or **AB**. If the subgroup of **A** is known, it can be specified: **A1, A2, A1B, or A2B**.

**Donor Type:** Indicate the relationship of the living donor to the recipient.

**Biological, blood related Parent** - including blood related mother, blood related father

**Biological, blood related Child** - including blood related son, blood related daughter (NOT adopted child, NOT step- child)

**Biological, blood related Identical Twin** - including blood related brothers, blood related sister

**Biological, blood related Full Sibling** - including blood-related sister or blood related brother with whom you share both parents

**Biological, blood related Half Sibling** - including blood-related sister or blood related brother with whom you share one parent

**Biological, blood related Other Relative: Specify** - including blood related aunt, uncle, grandparent, grandchild, cousin, niece, nephew (NOT those related to you "by marriage"). Specify in the space provided.

**Non-Biological, Spouse:** including husband, wife

**Non-Biological, Life Partner**

**Non-Biological, Unrelated: Paired Donation** - occurs when a person may want to donate an organ to a relative or a friend but cannot because their blood types or tissue types do not match. If another pair in the same predicament is found, a paired donation may be possible. (Two living donor transplants)

**Non-Biological, Unrelated: Non-Directed Donation (Anonymous)** - altruistic donor, stranger, anonymous donor, good Samaritan donor

**Non-Biological, Living/Deceased Donation** - occurs when a non-matching relative or friend donates a kidney to the general waiting list pool, then the relative or friend of the living donor has priority on the waiting list for a deceased kidney. (One living transplant; one deceased transplant)

**Non-Biological, Unrelated Domino** - occurs when an unrelated living donor receives a heart or whole liver transplant, then donates their heart or liver to an unrelated heart or whole liver candidate.

**Non-Biological, Other Unrelated Directed Donation: Specify** - including adopted child, adopted parent or grandparent, any relative by adoption, friend, co-worker, in-law, god-children, god-parents, relative by marriage, anyone NOT blood- related and NOT your spouse. Specify in the space provided.

**Ethnicity/Race:** Select all origins that 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, 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, 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, fiancé(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.

**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](http://www.immigrationagency.org/images/greencard_sample.jpg).

For resident alien donors, you must complete their US address, city, state and zip code. For non-resident alien donors, complete their home city address.

**Highest Education Level:** Select the choice which best describes the living donor's highest level of education.

**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:** If the donor had health insurance at the time of donation, select **Yes**. If not, select **No**. If unknown, select **UNK**.

**Functional Status:** Select the choice that best describes the donor's functional status just prior to the time of donation.

**Note:** The Karnofsky Index will display for adults aged 18 and older.

10% - Moribund, fatal processes progressing rapidly  
20% - Very sick, hospitalization necessary: active treatment necessary  
30% - Severely disabled: hospitalization is indicated, death not imminent  
40% - Disabled: requires special care and assistance  
50% - Requires considerable assistance and frequent medical care  
60% - Requires occasional assistance but is able to care for needs  
70% - Cares for self: unable to carry on normal activity or active work  
80% - Normal activity with effort: some symptoms of disease  
90% - Able to carry on normal activity: minor symptoms of disease  
100% - Normal, no complaints, no evidence of disease  
Unknown

**Note:** The Lansky Scale will display for pediatrics aged 1 to 17.

10% - No play; does not get out of bed  
20% - Often sleeping; play entirely limited to very passive activities  
30% - In bed; needs assistance even for quiet play  
40% - Mostly in bed; participates in quiet activities  
50% - Can dress but lies around much of day; no active play; can take part in quiet play/activities  
60% - Up and around, but minimal active play; keeps busy with quieter activities  
70% - Both greater restriction of and less time spent in play activity  
80% - Active, but tires more quickly  
90% - Minor restrictions in physically strenuous activity  
100% - Fully active, normal  
Not Applicable (patient < 1 year old)  
Unknown

**Physical Capacity (check one):** Select the choice that best describes the donor's physical capacity just prior to the time of donation.

**No Limitations**  
**Limited Mobility**  
**Wheelchair bound or more limited**  
**Unknown**

**Physical Capacity** is the ability to perform bodily activities such as walking, dressing, bathing, grooming, etc.

**Working for income?** (Complete for donors 19 years of age or older.) If the donor was working for income just prior to the time of donation, select Yes. If not, select No. If unknown, select UNK.

**If Yes:** If **Yes** is selected, indicate the donor's working status.

**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**

**If No, Not Working Due To:** If **No** is selected, indicate the reason why the donor is not working at the time of listing.

**Disability** - A physical or mental impairment that interferes with or prevents a donor from working (e.g. arthritis, mental retardation, cerebral palsy, etc).

**Insurance Conflict** - Any differences between a donor and insurance company that prevents them from working.

**Inability to Find Work** - The lack of one's ability to find work. (e.g. lack of transportation, work experience, over qualification, unavailable work, etc.)

**Donor Choice - Homemaker** - A donor who chooses to manage their own household, instead of performing work for pay.

**Donor Choice - Student Full Time/Part Time** - A donor who is enrolled and/or participating in college.

**Donor Choice - Retired** - A donor who no longer has an active working life such as an occupation, business or office job.

**Donor Choice - Other** - Any reason not listed above that would prevent a donor from working.

**Unknown**

## PRE-DONATION CLINICAL INFORMATION

### Pre-Donation Viral Detection:

**Have any of the following viruses ever been tested for:** Indicate whether the donor was tested for **HIV**, **CMV**, **HBV**, **HCV** or **EBV** prior to the donation by selecting **Yes** or **No**. If Yes is selected, indicate which viruses the donor was tested for prior to donation. If the test is unknown or cannot be disclosed, select **UNK/Cannot Disclose**. If the donor was tested for a virus, indicate the **RESULT** of the TEST.

### Pre-Donation Height and Weight:

**Height:** Enter the height of the living donor prior to donation in the appropriate space, in feet and inches or centimeters. If the living donor's height is not available, select the appropriate **ST** field (**N/A, Not Done, Missing, Unknown**).

**Weight:** Enter the weight of the living donor prior to donation in the appropriate space, in pounds or kilograms. If the living donor's weight is not available, select the appropriate status from the **ST** field (**N/A, Not Done, Missing, Unknown**).

**History of Cancer:** Indicate whether the donor had a history of cancer prior to the donation. If the donor had a history of cancer, select the type of cancer. If not, select **No**. If the type of cancer is not listed, select the **Other specify** and enter the name of the cancer 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 Bronchial)**

**Leukemia/Lymphoma**  
**Unknown**  
**Other, Specify**

**Cancer Free Interval:** If the donor had a history of cancer prior to donation, enter the number of the years the donor was free of the cancer in the space provided.

**History of Cigarette Use:** If the donor has a history of cigarette use, select **Yes**. If not, select **No**. If **Yes** is selected, indicate the number of pack years. Then indicate the **Duration of Abstinence**.

If **Yes**, **Check # of pack years** is 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.

**0-10**  
**11-20**  
**21-30**  
**31-40**  
**41-50**  
**>50**  
**Unknown pack years**

**Duration of Abstinence:** Select the number of months the donor has abstained from cigarettes. If the time is unknown, select **Unknown duration**. If the donor has not stopped smoking, select **Continues To Smoke**.

**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:** Indicate whether the donor has a history of other tobacco use by selecting **Yes**, **No** or **UNK**.

(KIDNEY, LUNG)

**Diabetes:** If the donor had diabetes prior to the donation, select **Yes**. If not, select **No**. If unknown, select **UNK**. If **Yes** is selected, indicate whether the **Treatment** was **Insulin**, **Oral Hypoglycemic Agent** or **Diet**.

**Insulin**  
**Oral Hypoglycemic Agent**  
**Diet**

**Type 1** is defined as a disease in which the body does not produce any insulin, most often occurring in children and young adults. People with Type 1 diabetes must take daily insulin injections to stay alive. Type 1 diabetes accounts for 5 to 10 percent of diabetes.

**Type 2** is defined as a metabolic disorder resulting from the body's inability to make enough, or properly use, insulin. It is the most common form of the disease. Type 2 Diabetes accounts for 90 to 95 percent of diabetes.

## PRE-DONATION KIDNEY CLINICAL INFORMATION

**History of Hypertension:** Indicate whether the donor had a history of hypertension prior to donation. If the donor had a history of hypertension, select **Yes** along with the years of duration. If not, select **No**. If unknown, select **Unknown**.

**No**  
**Yes, 0 - 5 Years**  
**Yes, 6 - 10 Years**  
**Yes, > 10 Years**

**Yes, Duration Unknown  
Unknown**

If **yes, Method of Control:** If the donor had a history of hypertension, indicate whether the method of control was **Diet, Diuretics** and/or **Other Hypertension Medication** by selecting **Yes, No** or **UNK**.

**Serum Creatinine:** Enter the lab value for the kidney donor's serum creatinine value in mg/dl taken prior to donation. If the value is not available, select the appropriate **ST** field (**N/A, Not Done, Missing, Unknown**).

**Preoperative Blood Pressure Systolic:** Enter the living donor's systolic blood pressure prior to donation in the space provided. If the value is not available, select the appropriate status from the **ST** field (**N/A, Not Done, Missing, Unknown**).

**Preoperative Blood Pressure Diastolic:** Enter the donor's diastolic blood pressure prior to donation in the space provided. If the value is not available, select the appropriate status from the **ST** field (**N/A, Not Done, Missing, Unknown**).

**Urinalysis:** Enter the donor's **Protein-Creatinine Ratio** or **Urine Protein** prior to the donation. If **Urine Protein** is selected, indicate whether the test was **Positive, Negative, Unknown** or **Not Done**.

**Kidney Biopsy:** Indicate whether the donor had a kidney biopsy prior to donation by selecting **Yes** or **No**. If **Yes** is selected, indicate the Glomerulosclerosis.

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

## PRE-DONATION LIVER CLINICAL INFORMATION

Enter the most recent values prior to donation for the Serum Lab Data listed below. If any of the data values are unavailable, select the appropriate status from the **ST** field (**N/A, Not Done, Missing, Unknown**).

**Total Bilirubin:** Enter the lab value for total serum bilirubin in mg/dl.

**SGOT/AST:** Enter the lab value for the serum glutamic oxaloacetic transaminase or aspartate transaminase in U/L.

**SGPT/ALT:** Enter the lab value for the Serum Glutamic Pyruvic Transaminase/Alanine Aminotransferase in U/L.

**Alkaline Phosphatase:** Enter the lab value for the serum alkaline phosphatase value in units/L.

**Serum Albumin:** Enter the lab value for the serum albumin value in g/dl.

**Serum Creatinine:** Enter the lab value for the serum creatinine value in mg/dl.

**INR:** International Normalized Ratio. Enter the ratio of the prothrombin time (in seconds) to the control prothrombin time (in seconds).

**Liver Biopsy:** Indicate whether the donor had a liver biopsy prior to donation by selecting **Yes** or **No**. If **Yes, Specify Results** is selected, enter the results in the space provided.

**% Macro vesicular fat:** Enter the percentage of macro vesicular fat in the space provided. If the value is not available, select the appropriate status from the **ST** field (**N/A, Not Done, Missing, Unknown**).

**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. If the value is not available, select the appropriate status from the **ST** field (**N/A, Not Done, Missing, Unknown**).

**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.

#### PRE-DONATION LUNG CLINICAL INFORMATION

**FVC% predicted (Before and After Bronchodilators):** Enter the donor's FVC% predicted values before and after bronchodilators. If the value is not available, select the appropriate status from the **ST** field (**N/A, Not Done, Missing, Unknown**).

**FEV 1% predicted (Before and After Bronchodilators):** Enter the donor's FEV 1% predicted values before and after bronchodilators. If the value is not available, select the appropriate status from the **ST** field (**N/A, Not Done, Missing, Unknown**).

**FEF (25-75%)% predicted (Before and After Bronchodilators):** Enter the donor's FEF (25-75%)% predicted before and after bronchodilators. If the value is not available, select the appropriate status from the **ST** field (**N/A, Not Done, Missing, Unknown**).

**TLC % predicted (Before and After Bronchodilators):** Enter the donor's TLC% predicted before and after bronchodilators. If the value is not available, select the appropriate status from the **ST** field (**N/A, Not Done, Missing, Unknown**).

**Diffusing lung capacity corrected for alveolar volume % predicted:** Enter the appropriate value in the space provided. If the value is not available, select the appropriate status from the **ST** field (**N/A, Not Done, Missing, Unknown**).

**PaO2 on room air:** Enter the value for PaO2 on room air for the donor in mm/Hg. If the value is not available, select the appropriate status from the **ST** field (**N/A, Not Done, Missing, Unknown**).

#### LIVER SURGICAL INFORMATION

This section will only display if a liver was recovered from the donor.

**Type of Transplant Graft:** Indicate whether the type of transplant graft was **Left Lateral Segment (Peds)**, **Left Lobe**, **Right Lobe** or **Domino Whole Liver**.

#### KIDNEY SURGICAL INFORMATION

This section will only display if a kidney was recovered from the donor.

**Type of Transplant Graft:** The type of transplant will display from the Living Donor Feedback.

**Intended Procedure Type:** Indicate whether the procedure type was **Transabdominal**, **Flank**, **Laparoscopic Hand-assisted** or **Laparoscopic Not Hand-assisted**. If **Laparoscopic** is selected, then **Conversion from Laparoscopic to Open** must be completed.

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

**Conversion from Laparoscopic to Open:** If **Laparoscopic** was selected for **Intended Procedure Type**, indicate whether there was a conversion from laparoscopic to open procedure by selecting **Yes** or **No**.

#### LUNG SURGICAL INFORMATION

This section will only display if a lung was recovered from the donor.

**Type of Transplant Graft:** The type of transplant will display from the Living Donor Feedback.

**Procedure Type:** Indicate whether the procedure type was **Open** or **Video Assisted Thoracoscopic**. If **Open** is selected, then **Conversion from Thoracoscopic to Open** must be completed.



**Conversion from Thoracoscopic to Open:** If **Open** was selected for **Procedure Type**, indicate whether there was a conversion from thoracoscopic to an open procedure by selecting **Yes** or **No**.

**Intra-operative Complications:** Select **Yes** if there were any intra-operative complications. If not, select **No**. If **Yes**, specify:

**Sacrifice of Second Lobe:** If a second lobe was sacrificed, indicate **RML**, **RUL**, **LUL** or **Lingular**.

**Anesthetic Complication Specify:** If anesthetic complication occurred, specify in the space provided.

**Arrhythmia requiring therapy:** If there was arrhythmia requiring therapy, indicated if the Therapy was **Medical therapy** or **Cardioversion**.

**Cerebrovascular accident**

**Phrenic nerve injury**

**Brachial plexus injury**

**Breast implant rupture**

**Other specify:** Specify any other complications in the space provided.

## POST-OPERATIVE INFORMATION

This section will display for all organ types.

**Date of Initial Discharge:** Enter the date the donor was initially released to go home. The donor's hospital stay includes total time spent in different units of the hospital, including medical and rehab.

**Donor Status:** Indicate if the living donor is **Alive** or **Dead**.

**Date Last Seen or Death:** Enter the date the living donor was last seen. If the living donor died, enter the date of death.

**Cause of Death:** If the living donor died, indicate the cause of death. If the cause of death is not listed, select **Other Specify** and enter the cause of death in the space provided.

**Other Cause**

**Infection: Donation/Surgery Related**

**Infection: Not Donation/Surgery Related**

**Pulmonary Embolism**

**Malignancy**

**Domino Liver Donor-Transplant Related Death (Liver donors only)**

**Cardiovascular**

**CVA**

**Hemorrhage: Donation/Surgery Related**

**Hemorrhage: Not Donation/Surgery Related**

**Homicide**

**Suicide**

**Accidental**

**Other, specify**

**Donation Related**

**Non-Autologous Blood Administration:** Select **Yes** if non-autologous blood was administered to the donor. If not, select **No**.

If **Yes**, **Number of Units:** If non-autologous blood was administered to the donor, indicate the number of units of **PRBC**, **Platelets** and **FFP** the donor received.

## KIDNEY RELATED POST-OPERATIVE COMPLICATIONS (IN FIRST 6 WEEKS POST-DONATION)

This section will only display if a kidney was recovered from the donor.

**Vascular Complications Requiring Intervention:** If the donor experienced vascular complications requiring intervention during the first 6 weeks after the donation, select **Yes**. If not, select **No**. If **Yes** is selected, indicate the type of vascular complications that required intervention from the list provided. If **Other Specify** is selected, enter the name of the vascular complication in the space provided. If unknown, select **UNK**.

**Renal Vein**

**Renal Artery**

**Aorta**  
**Vena Cava**  
**Pulmonary Embolus**  
**Deep Vein Thrombosis**  
**Other, specify**

**Other Complications Requiring Intervention:** If the donor experienced other complications requiring intervention during the first 6 weeks after the donation, select **Yes**. If not, select **No**. If **Yes** is selected, indicate the other type of complication that required intervention from the list provided. If **Other Specify** is selected, enter the name of the other complication in the space provided. If unknown, select **UNK**.

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

**Reoperation:** If the donor required reoperation the first 6 weeks after the donation, select **Yes**. If not, select **No**. If **Yes, Specify** is selected, check all the applicable type(s) of operations and enter the **Date** for each. If **Other specify** is selected, enter the name in the space provided, along with the **Date**. If unknown, select **UNK**.

**Any Readmission After Initial Discharge:** If the donor required any readmission after the initial discharge during the first 6 weeks after the donation, select **Yes**. If not, select **No**. If the donor was readmitted after initial discharge, check all the applicable reasons from the list provided. If **Yes, Specify** the **Date of first readmission**. If **Other specify** is selected, enter the name in the space provided. If unknown, select **UNK**.

**Wound infection**  
**Fever**  
**Bowel Obstruction**  
**Pleural Effusion**  
**Vascular Complications**  
**Other, specify**

**Other Interventional Procedures:** If the donor required other interventional procedures during the first 6 weeks after the donation, select **Yes**. If not, select **No**. If **Yes** is selected, specify the type of procedure that was required in the space provided, along with the **Date of Procedure**. If unknown, select **UNK**.

#### **LIVER RELATED POST-OPERATIVE COMPLICATIONS (IN FIRST 6 WEEKS POST-DONATION)**

**This section will only display if a liver was recovered from the donor.**

**Biliary Complications:** If the donor experienced biliary complications during the first 6 weeks after donation, select **Yes**. If not, select **No**. If **Yes** is selected, specify whether the biliary complication was a **Grade 1, Grade 2 or Grade 3**. If unknown, select **UNK**.

**Grade 1** - Bilious JP drainage more than 10 days

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

**Grade 3** - Surgical intervention

**Date of Surgery:** If Grade 3 - Surgical Intervention was selected, enter the date of surgery.

**Vascular Complications Requiring Intervention:** If the donor experienced vascular complications requiring intervention during the first 6 weeks after the donation, select **Yes**. If not, select **No**. If **Yes** is selected, indicate the type of vascular complications that required intervention from the list provided. If **Other Specify** is selected, enter the name of the vascular complication in the space provided. If unknown, select **UNK**.

**Portal Vein**  
**Hepatic Vein**

Hepatic Artery  
Pulmonary Embolus  
Deep Vein Thrombosis  
Other, specify

**Other Complications Requiring Intervention:** If the donor experienced other complications requiring intervention during the first 6 weeks after the donation, select **Yes**. If not, select **No**. If **Yes** is selected, indicate the other type of complication that required intervention from the list provided. If **Other Specify** is selected, enter the name of the other complication in the space provided. If unknown, select **UNK**.

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

**Reoperation:** If the donor required reoperation the first 6 weeks after the donation, select **Yes**. If not, select **No**. If **Yes, Specify** is selected, check the applicable reason(s) for the operation and enter the **Date** for each. If **Other specify** is selected, enter the name in the space provided, along with the **Date**. If unknown, select **UNK**.

**Any Readmission After Initial Discharge:** If the donor required any readmission after the initial discharge during the first 6 weeks after the donation, select **Yes**. If not, select **No**. If the donor was readmitted after initial discharge, check all the applicable reasons from the list provided. If **Yes, Specify** the **Date of first readmission**. If **Other specify** is selected, enter the name in the space provided. If unknown, select **UNK**.

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

**Other Interventional Procedures:** If the donor required other interventional procedures during the first 6 weeks after the donation, select **Yes**. If not, select **No**. If **Yes** is selected, specify the type of procedure that was required in the space provided, along with the **Date of Procedure**. If unknown, select **UNK**.

#### **LUNG RELATED POST-OPERATIVE COMPLICATIONS (IN FIRST 6 WEEKS POST-DONATION)**

This section will only display if a lung was recovered from the donor.

**Post-operative complications during the initial hospitalization:** If the donor experienced any post-operative complications during the initial hospitalization, select **Yes**. If not, select **No**. If **Yes** is selected, specify the type of post-operative complications the donor experienced. If **Arrhythmia requiring therapy** or **placement of additional Thoracostomy Tubes** is checked, then specify the therapy.

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

**Arrhythmia requiring therapy-** Indicate whether the donor received **Medical therapy**, **Cardioversion** or **Electrophysiologic Ablation**.

**Placement of Additional Thoracostomy Tubes, specify indication-** Select whether the placement of additional thoracostomy tubes was **Pneumothorax**, **Pleural effusion** or **Empyema**. If **Other specify** is selected, then specify the therapy in the space provided.

**Any readmission After Initial Discharge:** If the donor required any readmission after the initial discharge during the first 6 weeks after the donation, select **Yes**. If not, select **No**. If yes, enter the **Date of first readmission**. If unknown, select **UNK**.

Wound infection  
Fever  
Bowel Obstruction  
Pleural Effusion  
Vascular Complications  
Other, specify

#### POST-OPERATIVE CLINICAL INFORMATION (WITHIN 6 WEEKS POST-DONATION)

(ALL ORGAN TYPES) The following question will display for all donated organs:

**Most Recent Date of Tests:** Enter the date of the donor's most recent tests in the space provided within the 6 weeks after donation.

(KIDNEY) The questions listed below will display for donated kidney organs only.

**Serum Creatinine:** Enter the lab value for the kidney donor's serum creatinine value in mg/dl taken within 6 weeks after donation. If the value is not available, select the appropriate **ST** field (**N/A, Not Done, Missing, Unknown**).

**Post-Op Blood Pressure Systolic:** Enter the donor's systolic blood pressure within 6 weeks after the donation in the space provided. If the value is not available, select the appropriate status from the **ST** field (**N/A, Not Done, Missing, Unknown**).

**Post-Op Blood Pressure Diastolic:** Enter the donor's diastolic blood pressure within 6 weeks after the donation in the space provided. If the value is not available, select the appropriate status from the **ST** field (**N/A, Not Done, Missing, Unknown**).

**Urinalysis:** Enter the donor's **Protein-Creatinine Ratio** or **Urine Protein** within the 6 weeks after the donation. If **Urine Protein** is selected, indicate whether the test was **Positive, Negative, Unknown** or **Not Done**.

**Donor Developed Hypertension Requiring Medication:** If the donor developed hypertension within 6 weeks after donation that required medication, select **Yes**. If not, select **No**. If unknown, select **UNK**.

(LIVER) The following questions will display for donated liver organs only:

**Most Recent Date of Tests:** Enter the date of the donor's most recent tests in the space provided within the 6 weeks after donation.

**Total Bilirubin:** Enter the lab value for total serum bilirubin in mg/dl.

**SGOT/AST:** Enter the lab value for the serum glutamic oxaloacetic transaminase or aspartate transaminase in U/L.

**SGPT/ALT:** Enter the lab value for Serum Glutamic Pyruvic Transaminase/Alanine Aminotransferase in U/L.

**Alkaline Phosphatase:** Enter the lab value for the serum alkaline phosphatase value in units/L.

**Serum Albumin:** Enter the lab value for the serum albumin value in g/dl.

**Serum Creatinine:** Enter the lab value for the serum creatinine value in mg/dl.

**INR:** International Normalized Ratio. Enter the ratio of the prothrombin time (in seconds) to the control prothrombin time (in seconds).

(ALL ORGAN TYPES) The following questions will display for all donated organs:

**Height:** Enter the height of the donor within 6 weeks after donation in the appropriate space, in feet and inches or centimeters. If the donor's height is not available, select the appropriate **ST** field (**N/A, Not Done, Missing, Unknown**).

**Weight:** Enter the weight of the donor within 6 weeks after the donation in the appropriate space, in pounds or kilograms. If the donor's weight is not available, select the appropriate status from the **ST** field (**N/A, Not Done, Missing, Unknown**).

## ORGAN RECOVERY

**Organ Recovery Date:** The date of the donor's recovered organ reported in the Living Donor Feedback will display. Verify that the displayed date is the date the organ(s) was recovered from this donor. If the date is blank or incorrect, use the standard 8-digit numeric format of MM/DD/YYYY to enter the correct date. If the operation was started in the evening and concluded the next day, enter the date the operation began.

**Did organ recovery and transplant occur at the same center?:** If the organ recovery and transplant occurred at the same center, select **Yes**. If not, select **No**.

**Organ(s) Recovered:** The donor's organ(s) reported as being recovered in the Living Donor Feedback will display. Verify the organ(s) displayed in the record are the organs recovered from this donor. Verify that the correct organ modifier (right or left) is displayed in the record.

**Right Kidney**

**Left Kidney**

**Double/En-bloc Kidney**

**Pancreas**

**Pancreas Segment 1**

**Pancreas Segment 2**

**Liver**

**Liver Segment 1**

**Liver Segment 2**

**Intestine**

**Intestine Segment 1**

**Intestine Segment 2**

**Heart**

**Right Lung**

**Left Lung**

**Double/En-bloc Lung**

**Recipient Name (Last, First):** The recipient's name reported in the Recipient and Living Donor Feedback will display. Verify that the displayed name is the name of the recipient who received this organ.

**Recipient SSN#:** The recipient's social security number reported in the Recipient and Living Donor Feedback will display. Verify the social security number of the recipient.

**Donor Recovery Facility:** This will default with the same center as Donor Workup Facility, but can be changed if the organ was recovered at a different center. The drop-down list contains the names of all national Transplant Centers.

**Business**  
**Contractor**  
**Consortia Group**  
**Donor Hospital**  
**Foreign OPO**  
**Foreign Lab**  
**Foreign Hospital**  
**Individual**  
**Government**  
**Health/Pharm/Ins**  
**Hospital Based OPO**  
**Hospital Based Lab**  
**Local Coalition Affiliate**  
**Additional Non Member**  
**Additional Non Member**  
**Additional Non Member**  
**Additional Non Member**  
**Additional Non Member**  
**Additional Non Member**  
**Additional Non Member**  
**Additional Non Member**  
**Additional Non Member**  
**Non Member**  
**Media**  
**Independent OPO**  
**Public Organization**  
**General Public**  
**Public Organization**  
**Independent Lab**  
**Transplant Center**  
**UNOS Staff**  
**Veteran's Hospital**

**Donor Workup Facility:** This is the name of the center that entered the Living Donor information into UNet<sup>SM</sup>. This cannot be modified.