

# Records

## Deceased Donor Registration Worksheet

FORM APPROVED: O.M.B. NO. 0915-0157 Expiration Date: 12/31/2011

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:**

OPO:

Donor Hospital:

Referral Date: \*

Recovered Outside the U.S.: \*

YES  NO

Country:

Last Name: \*

First Name: \*

MI:

DOB:

Age:

Months  Years

Gender: \*

Male  Female

Home City: \*

State:

Zip Code:

Ethnicity/Race: \*

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

Asian

- Asian Indian/Indian Sub-Continent
- Chinese
- Filipino
- Japanese
- Korean
- Vietnamese

Black or African American

- African American
- African (Continental)
- West Indian
- 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

- Asian: Other
- Asian: Not Specified/Unknown

Hispanic/Latino

- Mexican
- Puerto Rican (Mainland)
- Puerto Rican (Island)
- 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, Specify Country

Home Country:

Cause of Death: \*

- ANOXIA
- CEREBROVASCULAR/STROKE
- HEAD TRAUMA
- CNS TUMOR
- OTHER SPECIFY

Specify:

Mechanism of Death: \*

- DROWNING
- SEIZURE
- ASPHYXIATION
- ELECTRICAL
- STAB
- SIDS
- DEATH FROM NATURAL CAUSES
- DRUG INTOXICATION
- CARDIOVASCULAR
- GUNSHOT WOUND
- BLUNT INJURY
- INTRACRANIAL HEMORRHAGE/STROKE
- NONE OF THE ABOVE

Circumstances of Death: \*

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

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 organ donation:

Date:  Time:  (military time)

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: *	<input type="text"/> mEq/L	ST= <input type="text"/>
INR: *	<input type="text"/>	ST= <input type="text"/>
Blood pH: *	<input type="text"/>	ST= <input type="text"/>
Hematocrit: *	<input type="text"/> %	ST= <input type="text"/>
Pancreas (PA Donors Only):		
Serum Lipase:	<input type="text"/> u/L	ST= <input type="text"/>
Serum Amylase:	<input type="text"/> u/L	ST= <input type="text"/>

---

Serology:

	<input type="radio"/> Positive
	<input type="radio"/> Negative
	<input type="radio"/> Unknown
Anti-HIV I/II: *	<input type="radio"/> Cannot Disclose
	<input type="radio"/> Not Done
	<input type="radio"/> Indeterminate
	<input type="radio"/> Positive
	<input type="radio"/> Negative
Anti-HTLV I/II: *	<input type="radio"/> Unknown
	<input type="radio"/> Cannot Disclose
	<input type="radio"/> Not Done
	<input type="radio"/> Indeterminate
	<input type="radio"/> Positive
RPR-VDRL: *	<input type="radio"/> Negative
	<input type="radio"/> Unknown
	<input type="radio"/> Cannot Disclose

Anti-CMV: \*

- Not Done
- Indeterminate
- 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

HBsAb: \*

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

EBV (VCA) (IgG): \*

- Positive
- Negative
- 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 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
- Neosynephrine
- 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

Dopamine

Dobutamine

Epinephrine

Medication:

Levophed

Specify:

Neosynephrine

Isoproterenol (Isuprel)

Other, specify

Dosage Units:

mcg/kg/min

mcg/min

Dosage at Time of Cross Clamp:

mg/min

units/hr

mcg/hr

Final Dosage Duration:

hours

NONE

1 - 5

Number of transfusions during this (terminal) hospitalization: \*

6 - 10

GREATER THAN 10

UNKNOWN

Three or more inotropic agents at time of incision: \*

YES  NO

Clinical Infection: \*

YES  NO  UNK

Source

Confirmed by Culture

Blood

YES  NO

Lung

YES  NO

Urine

YES  NO

Other

YES  NO

Other, specify:

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

Insulin Dependent:

- YES, 6-10 YEARS
- YES, >10 YEARS
- YES, DURATION UNKNOWN
- UNKNOWN
- NO

History of Hypertension: \*

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

If yes, method of control:

Diet:

- YES
- NO
- UNK

Diuretics:

- YES
- NO
- UNK

Other anti-hypertensive medication:

- YES
- NO
- UNK

History of Cancer: \*

Specify:

Cancer Free Interval:  years ST=

Cancer at time of procurement:

Intracranial:  YES  NO  UNK

Extracranial:  YES  NO  UNK

Skin:  YES  NO  UNK

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:
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

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=

Eastern

Central

Mountain

Clamp Time Zone:

Pacific

Alaska

Hawaii

Atlantic

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All Donors Cardiac and Pulmonary Function:

History of previous MI:

YES  NO  UNK

LV ejection fraction (%):

ST=

Echo

Method:

MUGA

Angiogram

If LV, Ejection Fraction < 50%:

Structural Abnormalities:

Valves:

YES  NO

Congenital:  YES  NO

LVH:  YES  NO

Wall Abnormalities:

Segmental:  YES  NO

Global:  YES  NO

No

Coronary Angiogram:  Yes, normal

Yes, not normal

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

Pulmonary Measurements:

Lung - Was pO<sub>2</sub> done:  YES  NO  UNK

If Yes, Lung pO<sub>2</sub> terminal value:  mm/Hg ST=

If Yes, Lung pO<sub>2</sub> on FiO<sub>2</sub> terminal value of:

PCO<sub>2</sub>  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"/> ST= <input type="text"/>

CVP: (mm Hg)	<input type="text"/> ST= <input type="text"/>	<input type="text"/> ST= <input type="text"/>
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PCWP: (mm Hg)	<input type="text"/> ST= <input type="text"/>	<input type="text"/> ST= <input type="text"/>
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SVR: ((dynes/sec/cm) <sup>5</sup> )	<input type="text"/> ST= <input type="text"/>	<input type="text"/> ST= <input type="text"/>
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PA Systolic: (mm Hg)	<input type="text"/> ST= <input type="text"/>	<input type="text"/> ST= <input type="text"/>
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PA Diastolic: (mm Hg)

 ST=  ST= 

CO: (L/min)

 ST=  ST= 

Cardiac Index: (L/min/sq.m)

 ST=  ST= 

NO

YES, MYOCARDITIS

YES, NEGATIVE BIOPSY RESULT

YES, OTHER DIAGNOSIS SPECIFY

Biopsy (heart donors only):

Other Diagnosis /Specify:

Left Kidney Biopsy:

YES

NO

0-5

6-10

11-15

Glomerulosclerosis:

16-20

20+

Indeterminate

Pump:

YES

NO

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:

- YES  NO

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

Right 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 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:

OPO sent vessels with organ:

Were extra vessels used in the transplant procedure:

Vessel Donor ID:



Left Kidney

Consent Not Requested

Consent Not Obtained

Organ:  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:

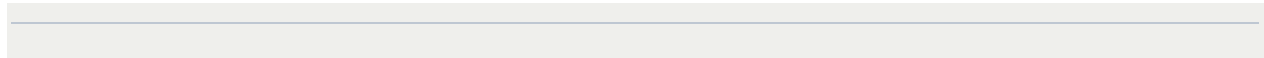
Final Flush/Storage Solution:

Specify:

OPO sent vessels with organ:

Were extra vessels used in the transplant procedure:

Vessel Donor ID:



Double En Bloc Kidney

Consent Not Requested

Consent Not Obtained

Organ:

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:

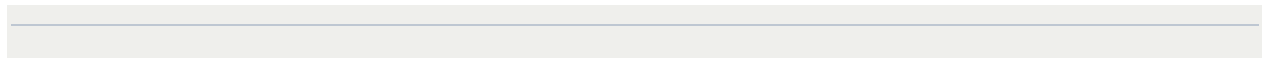
Final Flush/Storage Solution:

Specify:

OPO sent vessels with organ:

Were extra vessels used in the transplant procedure:

Vessel Donor ID:



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:

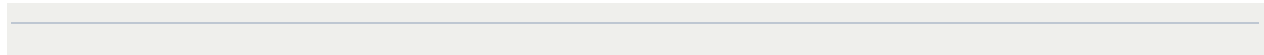
Final Flush/Storage Solution:

Specify:

OPO sent vessels with organ:

Were extra vessels used in the transplant procedure:

Vessel Donor ID:



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:

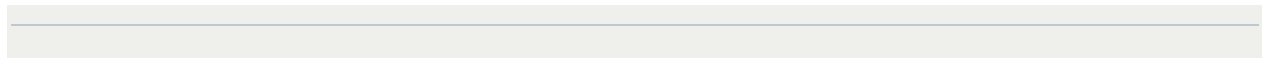
Final Flush/Storage Solution:

Specify:

OPO sent vessels with organ:

Were extra vessels used in the transplant procedure:

Vessel Donor ID:



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:

OPO sent vessels with organ:

Were extra vessels used in the transplant procedure:

Vessel Donor ID:

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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:

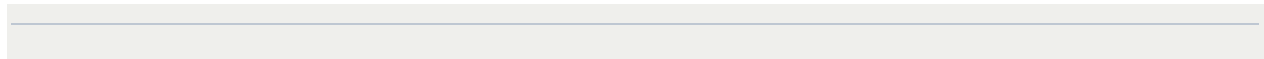
Final Flush/Storage Solution:

Specify:

OPO sent vessels with organ:

Were extra vessels used in the transplant procedure:

Vessel Donor ID:



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:

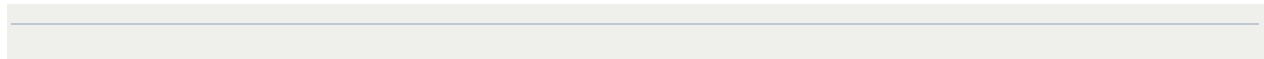
Final Flush/Storage Solution:

Specify:

OPO sent vessels with organ:

Were extra vessels used in the transplant procedure:

Vessel Donor ID:



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 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:

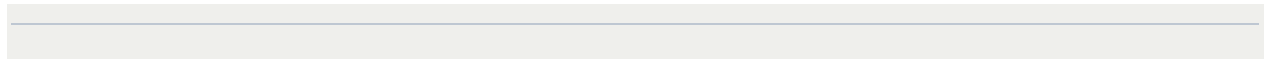
Final Flush/Storage Solution:

Specify:

OPO sent vessels with organ:

Were extra vessels used in the transplant procedure:

Vessel Donor ID:



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:

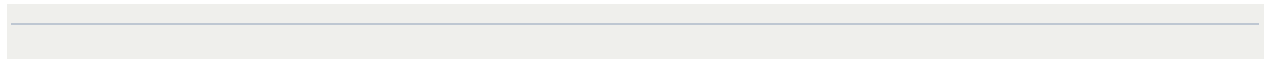
Final Flush/Storage Solution:

Specify:

OPO sent vessels with organ:

Were extra vessels used in the transplant procedure:

Vessel Donor ID:



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 intestine 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:

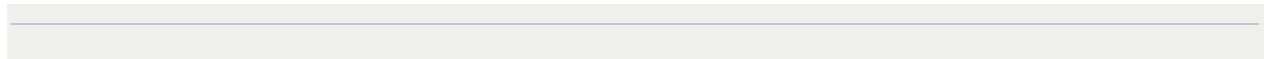
Final Flush/Storage Solution:

Specify:

OPO sent vessels with organ:

Were extra vessels used in the transplant procedure:

Vessel Donor ID:



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 intestine 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:

OPO sent vessels with organ:

Were extra vessels used in the transplant procedure:

Vessel Donor ID:

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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:

OPO sent vessels with organ:

Were extra vessels used in the transplant procedure:

Vessel Donor ID:

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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:

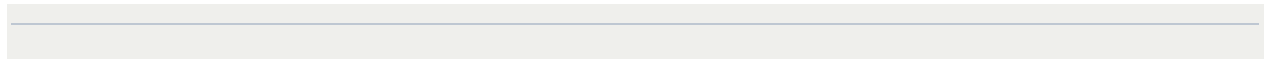
Final Flush/Storage Solution:

Specify:

OPO sent vessels with organ:

Were extra vessels used in the transplant procedure:

Vessel Donor ID:



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:

OPO sent vessels with organ:

Were extra vessels used in the transplant procedure:

Vessel Donor ID:

---

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:

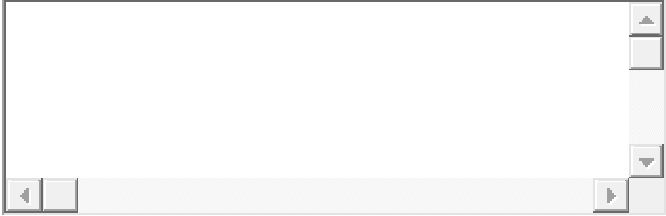
Specify:

OPO sent vessels with organ:

Were extra vessels used in the transplant procedure:

Vessel Donor ID:

Comments:

A rectangular comment box with a light gray border. On the right side, there is a vertical scroll bar with a small upward-pointing triangle at the top and a downward-pointing triangle at the bottom. On the bottom side, there are two small square buttons with left and right-pointing triangles, respectively, indicating horizontal scrolling.