

# Deceased Donor Registration (DDR) Record Field Descriptions

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

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

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

The DDR record must be completed within 30 days from the record generation date. See [OPTN/UNOS Policies](#) for additional information. Use the search feature to locate specific policy information on Data Submission Requirements.

To correct information that is already displayed in an electronic record, call the UNOS Help Desk at 1-800-978-4334.

## Donor Information

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

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

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

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

**Recovered Outside the U.S.:** If the organs were recovered outside of the United States, select **Yes**. If the organs were not recovered outside of the United States, select **No**. This field is **required**.

If **Yes** is selected, select the name of the **Country**, from the drop-down list, where the organs were recovered.

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

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

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

**DOB:** Enter the date the donor was born using the standard 8-digit numeric format of MM/DD/YYYY or enter the donor's **Age** in **Years** or **Months**. ([List of Age Unit codes](#))

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

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

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

**State:** If the donor lived in the United States before hospitalization, select the state from the drop-down list where the donor's home city was located. ([List of State codes](#))

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

**Ethnicity/Race:** Select, as appropriate, to indicate the donor's ethnicity/race. This field is **required**. ([List of Ethnicity/Race Codes](#))

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

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

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

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

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

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

**Citizenship:** Select the donor's citizenship from the drop-down list. This field is **required**. ([List of Citizenship codes](#))

**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/Specify Country:** If the donor is a Non-Resident Alien (Nonimmigrant), select the **Home Country** from the drop-down list. A Nonimmigrant is an alien who seeks temporary entry to the United States for a specific purpose. The alien must have a permanent residence abroad and qualify for the nonimmigrant classification sought. The nonimmigrant classifications include: foreign

government officials, visitors for business and for pleasure, aliens in transit through the U.S., treaty traders and investors, students, international representatives, temporary workers and trainees, representatives of foreign information media, exchange visitors, fiance(e)s of U.S. citizens, intracompany transferees, NATO officials, religious workers, and some others. Most non-immigrants can be accompanied or joined by spouses and unmarried minor (or dependent) children.

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

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

**Cause of Death:** Select the donor's cause of death from the drop-down list. This field is **required**. If the cause of death is not listed, select **Other Specify**, and enter the cause of death in the **Specify** field. If **Other Specify** is selected, this field is **required**. ([List of Cause of Death codes](#))

Anoxia  
Cerebrovascular/Stroke  
Head Trauma  
CNS Tumor  
Other Specify

**Mechanism of Death:** Select the donor's mechanism of death from the drop-down list. If the mechanism of death is not listed, select **None of the Above**. This field is **required**. ([List of Mechanism of Death codes](#))

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

**Circumstances of Death:** Select the donor's circumstances of death from the drop-down list. If the circumstance of death is not listed, select **None of the Above**. This field is **required**. ([List of Circumstances of Death codes](#))

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

<b>Procurement and Consent</b>
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**Medical Examiner/Coroner:** If the donor's death was reported to the medical examiner/coroner, select **Yes, Medical Examiner Consented** or **Yes, Medical Examiner Refused Consent** from the drop-

down list. If the donor's death was not reported to the medical examiner/coroner, select **No**. If unknown, select **Unknown**. This field is **required**. ([List of Medical Examiner codes](#))

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

**Did the patient have written documentation of their intent to be a donor:** If the patient had written documentation of their intent to be a donor, select **Yes**. If not, select **No**. If unknown, select **Unk**. This field is **required**.

**If yes, indicate mechanisms (check all that apply):** Select the type of documentation used for consent. This field is required if **Yes** is selected for written documentation. If the mechanism is not listed, select **Other Specify**, and enter the mechanism in the **Specify** field. If **Other Specify** is selected, this field is required.

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

**Was the consent based solely on this documentation:** If consent was based solely on this documentation, select **Yes**. If not, select **No**. If **Yes** is selected for written documentation, this field is **required**.

**Did the patient express to family or others the intent to be a donor:** If the patient expressed their intent to be a donor to their family or others, select **Yes**. If not, select **No**. If unknown, select **Unk**. This field is **required**.

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

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

## Clinical Information

**ABO Blood Group:** The donor's blood type reported in the donor record in DonorNet displays. Verify the blood type displayed for the donor referred to your OPO. ([List of ABO Blood Type codes](#))

**Height:** Enter the height of the donor at the time of recovery in the appropriate space, in **ft** (feet) and **in** (inches) or **cm** (centimeters). This field is **required**.

If the donor's height at the time of recovery is unavailable, select the reason from the status (**ST**) drop-down list (**N/A, Not Done, Missing, Unknown**). ([List of Status codes](#))

**Weight:** Enter the weight of the donor at the time of recovery in the appropriate space in **lbs** (pounds) or **kg** (kilograms). This field is **required**.

If the donor's weight at the time of recovery is unavailable, select the reason from the status (**ST**) drop-down list (**N/A, Not Done, Missing, Unknown**). ([List of Status codes](#))

**Terminal Lab Data:** For each of the laboratory tests enter the value, in the units indicated, from tests performed closest to the time of recovery. These fields are **required**. If a lab value is unavailable, select the reason from the status (**ST**) drop-down list (**N/A, Not Done, Missing, Unknown**). ([List of Status codes](#))

**Serum Creatinine** (mg/dl)

**BUN** (mg/dl)

**Total Bilirubin** (mg/dl)

**SGOT/AST (u/L)**

**SGPT/ALT (u/L)**

**Protein in Urine (Yes, No, UNK)**

**Last Serum Sodium Prior to Procurement (mEq/L)**

**INR**

**Blood pH**

**Hematocrit (%)**

**Pancreas (PA Donors Only): These fields are required for pancreas donors.**

**Serum Lipase (u/L)**

**Serum Amylase (u/L)**

**Serology:** For each of the tests listed, select the results from the drop-down lists (**Cannot Disclose, Indeterminate, Negative, Not Done, Positive, or Unknown**). These fields are **required**. ([List of Serology Results codes](#))

**Anti-HIV I/II**

**Anti-HTLV I/II**

**RPR-VDRL**

**Anti-CMV**

**HBsAg**

**Anti-HBc**

**Anti-HCV**

**HBsAb**

**EBV (VCA) (IgG)**

**EBV (VCA) (IgM)**

**EBNA**

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

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

**Donor Management: (Any medication administered within 24 hours prior to crossclamp.)** If any of the listed medications were given to the donor within 24 hours prior to crossclamp, select **Yes**. If not, select **No**. If unknown, select **Unk**. If one to three medications are not listed, enter the name of the medication in the **Other/Specify** field. You may enter up to 3 medications. If a medication falls under more than one category (antihypertensives and vasodilators) select **Yes** for both categories. These fields are **required**, except for **Other/Specify**.

**Steroids**

**Diuretics**

**T3**

T4

**Anticonvulsants**

**Antihypertensives**

**Vasodilators**

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

**Heparin**

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

**Insulin**

**Other/Specify**

**Other/Specify**

**Other/Specify**

**Inotropic Medication at Time of Cross Clamp:** If any inotropic agents were administered at the time of cross clamp, select **Yes**. If not, select **No**. If unknown, select **Unk**. This field is **required**.

If **Yes** is selected, complete the following:

**Medication:** Select the medication from the drop-down list. If **Yes** is selected for **Inotropic Medications at Time of Cross Clamp**, this field is **required**. If the medication is not listed, select **Other, specify**. Enter the medication in the **Specify** field. If **Other, specify** is selected, this field is **required**. ([List of Inotropic Medication codes](#))

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

**Dosage at Time of Cross Clamp:** Enter the dosage in the space provided. If **Yes** is selected for **Inotropic Medications at Time of Cross Clamp**, this field is **required**.

**Dosage Units:** Select the units from the drop-down list. If **Yes** is selected for **Inotropic Medications at Time of Cross Clamp**, this field is **required**. ([List of Dosage Unit codes](#))

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

**Final Dosage Duration:** Enter the duration in hours. If **Yes** is selected for **Inotropic Medications at Time of Cross Clamp**, this field is **required**.

**Note:** The dosage at the time of recovery for **Dopamine**, **Dobutamine**, and **Levophed** must fall between .05 and 40. For **Epinephrine** the dosage range must fall between .01 and 40. For **Neosynephrine** and **Other, specify** the dosage must fall between .01 and 300. The dosage range for Isoproterenol (Isuprel) is .10 and 40 mcg/min.

**Number of transfusions during this (terminal) hospitalization:** Select the number of units, from the drop-down list, for packed red cells or whole blood transfused prior to organ recovery for this hospitalization. If the number of transfusions is not known or it is not known if the donor received a transfusion, select **Unknown**. This field is **required**. ([List of Transfusion codes](#))

None  
1 - 5  
6 - 10  
Greater than 10  
Unknown

**Three or more inotropic agents at time of incision:** If the donor received three or more inotropic agents at the time of incision, select **Yes**. If not, select **No**. This field is **required**.

**Clinical Infection:** If there is documented evidence of any clinical infection during this hospitalization for the donor, select **Yes**. If there is no documented evidence of any clinical infection during this hospitalization for the donor, select **No**. If the donor's history of infection is unknown, select **Unk**. This field is **required**.

If there is documented evidence of any clinical infection during this hospitalization for the donor, select whether the **Source** was **Blood, Lung, Urine** and/or **Other, specify**. If **Yes** is selected for **Clinical Infection**, these fields are required. If **Other specify** is selected, enter the source in the space provided. If **Other specify** is selected, this field is **required**.

For each source selected, if the infection was confirmed by culture, select **Yes**. If the infection was not confirmed by culture, select **No**. For each **Source selected**, this field is **required**.

#### Life Style Factors

**Cigarette Use (>20 pack years) - Ever:** If the donor has ever used cigarettes for more than 20 pack years, select **Yes**. If the donor has never used cigarettes or the usage is less than 20 pack years, select **No**. If cigarette usage is unknown, select **Unk**. This field is **required**.

Pack years refers to the number of packs of cigarettes the donor smoked per day multiplied by the number of years. For example, a donor smoking 2 packs of cigarettes per day for 10 years would equal 20 pack years.

**AND continued in last six months:** If the donor used cigarettes for more than 20 pack years **and** has continued usage within the last 6 months, select **Yes**. If the donor has not used cigarettes within the last 6 months, select **No**. If cigarette usage in the last 6 months is unknown, select **Unk**. If **Yes** is selected for **Cigarette Use**, this field is **required**.

**Cocaine Use - Ever:** If the donor has ever abused or had a dependency to cocaine, select **Yes**. If not, select **No**. If cocaine use is unknown, select **Unk**. This field is **required**.

**AND continued in last six months:** If the donor abused or had a dependency to cocaine within the last 6 months, select **Yes**. If not, select **No**. If cocaine use in the last 6 months is unknown, select **Unk**. If **Yes** is selected for **Cocaine Use**, this field is **required**.

**Other Drug Use (non-IV) - Ever:** If the donor has ever abused or had a dependency to Non-IV street drugs, such as crack, marijuana or prescription narcotics, sedatives, hypnotics or stimulants, select **Yes**. If not, select **No**. If drug use is unknown, select **Unk**. This field is **required**.

**AND continued in last 6 months:** If the donor abused or had a dependency to non-IV street drugs, such as crack, marijuana or prescription narcotics, sedatives, hypnotics or stimulants within the last 6 months, select **Yes**. If not, select **No**. If drug use is unknown, select **Unk**. If **Yes** selected for **Other Drug Use**, this field is **required**.

**Heavy Alcohol Use (heavy = 2+ drinks/day):** If the donor has a history of having two or more alcoholic drinks per day, select **Yes**. If not, select **No**. If alcohol use is unknown, select **Unk**. This field is **required**.

**Tattoos:** If the donor has any tattoos, select **Yes**. If not, select **No**. If unknown, select **Unk**. This field is **required**.

**Does the Donor meet CDC guidelines for "High Risk" for an organ donor:** If the donor meets CDC guidelines for "High Risk" for an organ donor, select **Yes**. If not, select **No**. If unknown, select **Unk**. This field is **required**.

**Note:** Refer to the Centers for Disease Control (CDC) for the definition of "High Risk" behavior.

**History of Diabetes:** If the donor has a documented history of diabetes mellitus prior to this hospitalization, select **Yes** and the number of years from the drop-down list. If the duration is unknown, select **Yes, Duration Unknown**. If the donor does not have a history of diabetes, select **No**. If the donor's history is unknown, select **Unknown**. This field is **required**. ([List of Diabetes History Duration codes](#))

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

**Insulin Dependent:** If the donor has a history of diabetes **and** is insulin dependent, select **Yes** and the number of years from the drop-down list. If the duration is unknown, select **Yes, Duration Unknown**. If the donor is not insulin dependent, select **No**. If the donor's insulin history is unknown, select **Unknown**. If **Yes** is selected for **History of Diabetes**, this field is **required**. ([List of Insulin Dependent Duration codes](#))

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

**History of Hypertension:** If the donor has a documented history of hypertension prior to this hospitalization, select **Yes** and the number of years from the drop-down list. If the duration is unknown, select **Yes, Unknown Duration**. If the donor's hypertension history is unknown, select **Unknown**. This field is **required**. ([List of Hypertension History Duration codes](#))

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

**If yes, method of control:** Select **Yes, No** or **Unk** (unknown) for each method of hypertension control listed. If **Yes** is selected for **History of Hypertension**, these fields are **required**.

**Diet**  
**Diuretics**  
**Other hypertensive medication**

**History of Cancer:** If the donor has a documented history of any type of cancer prior to this hospitalization, select the primary cancer site from the drop-down list. If the donor has no documented history of any type of cancer prior to this hospitalization, select **No** from the drop-down list. If the donor's cancer history is unknown, select **Unknown**. This field is **required**. If the primary cancer site is not listed, select **Other, Specify**. Enter the cancer site in the **Specify** field. If **Other, Specify** is selected, this field is **required**. ([List of Cancer Location codes](#))

**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 has a documented history of cancer, enter the number of years the donor has been free of any sign of cancer. Cancer-free interval can be entered in portions of a year by entering a decimal. If data is unavailable, select the reason from the status (ST) drop-down list (N/A, Not Done, Missing, Unknown). This field is **required**. ([List of Status codes](#))

**Cancer at time of procurement:** If the donor exhibited documented clinical signs of cancer at the time of recovery, select **Yes** for each of the categories listed. If the donor did not exhibit documented clinical signs of cancer at the time of recovery for any listed category, select **No**. If unknown, select **Unk**. These fields are **required**.

**Intracranial**  
**Extracranial**  
**Skin**

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

**Was this a DCD donor:** If this donor was a DCD (Donation after Cardiac Death) donor, select **Yes**. If this donor was not a DCD donor, select **No**. This field is **required**.

**If Yes, Controlled:** If this was a DCD donor and the DCD donor was controlled, select **Yes**. If the DCD donor was not controlled, select **No**. If unknown, select **Unk**. If **Yes** is selected for **DCD donor**, this field is **required**.

A **controlled DCD donor** is a donor whose life sustaining treatment will be withdrawn and whose family gave written consent for organ donation in the controlled environment. A controlled DCD donor will be defined by the Maastricht classification III [awaiting cardiac arrest; patient on intensive care unit with non-survivable injuries who have withdrawal of life sustaining treatment.]

An **uncontrolled DCD donor** can be a patient who is declared dead and catheters may be placed in the vessels and/or peritoneum to cool the organs until consent/authorization can be obtained; a patient who suffers a cardiac arrest requiring CPR for rapid procurement of the organs. As with all donors, an uncontrolled DCD donor is only a donor if at least one organ is recovered for the purpose of transplantation.

**If Yes, Date and time of withdrawal of support:** Withdrawal of Support is the withdrawal of life sustaining treatments; the actual point where the patient's attending physician or designee begins the process of removing life sustaining treatments and not when the order is written. Enter the date, using the standard 8-digit format of MM/DD/YYYY format, and military time of the withdrawal of support. The date must be between referral date and date and time agonal phase begins. If **Yes** is selected for **If Yes, Controlled**, this field is **required**.

**If Yes, Date and time agonal phase begins (systolic BP < 80 or O<sub>2</sub> sat. < 80%):** Agonal Phase begins at the onset of cardiac arrest when the systolic pressure meets the following conditions for greater than five (5) minutes:

- a. Newborn up to 28 days, with a systolic blood pressure less than 60 mm Hg, OR
- b. 29 days up to 12 months, with a systolic blood pressure less than 70 mm Hg, OR
- c. 1 year up to 10 years, with a systolic blood pressure less than 70 mm Hg, plus 2 times the age of the patient in years, not to exceed 79 mm Hg, OR
- d. 11 years or older, with a systolic blood pressure less than 80 mm Hg, OR when the oxygen saturation is less than 80% at any age.

Enter the date, using the standard 8-digit format of MM/DD/YYYY format, and military time when the agonal phase begins. The date must be between date and time of withdrawal of support and the day after the recovery day. If **Yes** is selected for **If Yes, Controlled**, this field is **required**.

**If DCD, Total urine output during OR recovery phase:** Total urine output is measured from the point at which life sustaining treatment is withdrawn to the initiation of cold perfusion in situ. Enter the total urine output (cc). If **Yes** is selected for **If Yes, Controlled**, this field is **required**.

**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:** Enter the date using the standard 8-digit numeric format of (MM/DD/YYYY format).

**Time (military time):** Enter the time.

**Systolic blood pressure:** Enter the systolic blood pressure.

**Systolic Blood Pressure** - The top number in the blood pressure (the 120 in a blood pressure of 120/80) measures the maximum pressure exerted on the vessel wall when the heart contracts.

**Diastolic blood pressure:** Enter the diastolic blood pressure.

**Diastolic Blood Pressure** - The bottom number in the blood pressure measurement (80 in a blood pressure of 120/80), indicating the pressure in the arteries when the heart is at rest.

**Mean arterial pressure:** Enter the mean arterial pressure.

**O<sub>2</sub> Saturation:** Enter the O<sub>2</sub> saturation.

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

**Core Cooling:** the initiation of cold perfusion in situ.

**If Yes, Date and time abdominal aorta cannulation:** Enter the date and time of the initiation of abdominal aorta core cooling (the date and time of the initiation of cold perfusion in situ). Enter the date, using the standard 8-digit format of MM/DD/YYYY format, and military time of abdominal aorta cannulation. If **Yes** is selected for DCD Donor, this field is **required**. If unavailable, select the reason from the status (ST) drop-down list (**N/A, Not Done, Missing, Unknown**). ([List of Status codes](#))

**If Yes, Date and time thoracic aorta cannulation:** Enter the date and time of the initiation of thoracic aorta core cooling (the date and time of the initiation of cold perfusion in situ). Enter the date, using the standard 8-digit format of MM/DD/YYYY format, and military time of thoracic aorta cannulation. If **Yes** is selected for DCD Donor, this field is **required**. If unavailable, select the reason from the status (ST) drop-down list (**N/A, Not Done, Missing, Unknown**). ([List of Status codes](#))

**If Yes, Date and time portal vein cannulation:** Enter the date and time of the initiation of portal vein core cooling (the date and time of the initiation of cold perfusion in situ). Enter the date, using the standard 8-digit format of MM/DD/YYYY format, and military time of portal vein cannulation. If **Yes** is selected for DCD Donor, this field is **required**. If unavailable, select the reason from the status (ST) drop-down list (**N/A, Not Done, Missing, Unknown**). ([List of Status codes](#))

**If Yes, Date and time pulmonary artery cannulation:** Enter the date and Time of the initiation of pulmonary artery core cooling (the date and time of the initiation of cold perfusion in situ). Enter the date, using the standard 8-digit format of MM/DD/YYYY format, and military time of pulmonary artery cannulation. If **Yes** is selected for DCD Donor, this field is **required**. If unavailable, select the reason from the status (ST) drop-down list (**N/A, Not Done, Missing, Unknown**). ([List of Status codes](#))

**Estimated Warm Ischemic Time:** If this was a DCD donor, enter the estimated number of minutes that elapsed from the time of cardiac arrest until the time core cooling was initiated. If **Yes** is selected for DCD Donor, this field is **required**. If unavailable, select the reason from the status (ST) drop-down list (**N/A, Not Done, Missing, Unknown**). ([List of Status codes](#))

**If No, was this a consented DCD donor that progressed to brain death?:** If this was a consented DCD donor that progressed to brain death, select **Yes**. If not, select **No**. If No is selected for **Was this a DCD donor**, this field is **required**.

**Cardiac arrest since neurological event that lead to declaration of brain death:** If cardiac arrest occurred between a fatal brain injury event and organ recovery, select **Yes**. If cardiac arrest did not occur, select **No**. If No is selected for **Was this a DCD donor**, this field is **required**.

**Note:** With DCD donors, if cardiac arrest occurred during donor management, then select **Yes**. Otherwise, select **No** for DCD donors.

**If Yes, Duration of Resuscitation:** If cardiac arrest occurred between a fatal brain injury event and organ recovery, enter the total minutes of cardiac resuscitation. If **Yes** is selected for Cardiac arrest, this field is **required**. If unavailable, select the reason from the status (ST) drop-down list (**N/A, Not Done, Missing, Unknown**). ([List of Status codes](#))

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

**Clamp Time: (Military Time):** Enter the time the aorta was cross clamped. This field is required. If the time the aorta was cross clamped is unavailable, select the reason from the status (**ST**) drop-down list (**N/A, Not Done, Missing, Unknown**). ([List of Status codes](#))

**Clamp Time Zone:** Select the time zone from the drop-down list which corresponds with the time and location of the recovery. This field is **required**. ([List of Time Zone codes](#))

**Eastern**  
**Central**  
**Mountain**  
**Pacific**  
**Alaska**  
**Hawaii**  
**Atlantic**

### **All Donors Cardiac and Pulmonary Function:**

**History of previous MI:** If the donor had a history of myocardial infarction, select **Yes**. If the donor did not have a history of myocardial infarction, select **No**. If this information is unknown, select **Unk**. This field is **required**.

**LV ejection fraction (%):** Provide the left ventricular ejection fraction, if known. This field is **required**. If the left ventricular ejection fraction is unavailable, select the reason from the status (**ST**) drop-down list (**N/A, Not Done, Missing, Unknown**). ([List of Status codes](#))

**Method:** Select the left ventricular ejection method from the drop-down list. If a value is entered for LV ejection fraction, this field is **required**. ([List of LV Ejection Method codes](#))

**Echo (echocardiogram)**  
**MUGA (scan)**  
**Angiogram**

**If LV, Ejection Fraction < 50%:**

**Structural Abnormalities:** If there were abnormalities, select **Yes** for each of the affected locations. If there were no abnormalities at the location, select **No**. If a value is entered for LV ejection fraction, this field is **required**.

**Valves**  
**Congenital**  
**LVH**

**Wall Abnormalities:** If there were abnormalities select **Yes** for each of the affected type. If there were no abnormalities of the type, select **No**. If a value is entered for LV ejection fraction, this field is **required**.

**Segmental**  
**Global**

**Coronary Angiogram:** If the donor had a coronary angiogram, select **Yes**, normal or Yes, not normal from the drop-down list. If the donor did not have a coronary angiogram, select **No** from the drop-down list. This field is **required**. ([List of Coronary Angiogram codes](#))

**If Abnormal, # of Vessels with > 50% Stenosis:** If the results of the coronary angiogram were abnormal, select the number of vessels with more than 50% stenosis from the drop-down list. If this information is unknown, select **Unknown** from the drop-down list. If Yes, not normal is selected, this field is **required**.

### **Pulmonary Measurements:**

**Lung - Was pO<sub>2</sub> done:** If a pO<sub>2</sub> was done, select **Yes**. If not, select **No**. If unknown, select **Unk**. This field is **required**.

**If Yes, Lung pO<sub>2</sub> terminal value:** If pO<sub>2</sub> was done, enter the terminal value in mm/Hg. If Yes is selected for Lung - Was pO<sub>2</sub> done, this field **required**. If unavailable, select the reason from the status (**ST**) drop-down list (**N/A, Not Done, Missing, Unknown**).

**If Yes, Lung pO<sub>2</sub> on FiO<sub>2</sub> terminal value of:** If pO<sub>2</sub> was done, enter the percent (i.e. 40%) of Lung pO<sub>2</sub> on FiO<sub>2</sub>. If Yes is selected for Lung - Was pO<sub>2</sub> done, this field **required**.

**PCO<sub>2</sub>:** Enter the PCO<sub>2</sub> in mm/Hg. If unavailable, select the reason from the status (**ST**) drop-down list (**N/A, Not Done, Missing, Unknown**). This field is **required**. ([List of Status codes](#))

**Was a pulmonary artery catheter placed:** If a pulmonary artery catheter was placed, select Yes. If not, select No. This field is **required**.

**If Yes, Initial (baseline) and Final-Preoperative measurements:** If a pulmonary artery catheter was placed, enter the Initial (baseline) and Final (preoperative) measurements for the following fields. If Yes is selected for Was a pulmonary artery catheter placed, these fields are required. If unavailable, select the reason from the status (**ST**) drop-down list (**N/A, Not Done, Missing, Unknown**). ([List of Status codes](#))

**Map: (mm/Hg) (Mean arterial pressure)**

**CVP: (mm/Hg) (Central Venous Pressure)**

**PCWP: (mm/Hg) (Pulmonary Capillary Wedge Pressure)**

**SVR: ((dynes/sec/cm)<sup>5</sup>) (Systemic Vascular Resistance)**

**PA Systolic: (mm/Hg) (Pulmonary Artery Pressure Systolic)**

**PA Diastolic: (mm/Hg) (Pulmonary Artery Pressure Diastolic)**

**CO: (L/min) (Cardiac Output)**

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

**Biopsy (heart donors only):** If a biopsy was performed, select Yes with the type of result. If Yes, Other Diagnosis Specify is selected, enter the diagnosis in the Other Diagnosis/Specify field. If a biopsy was not performed, select **No**. This field is required if the heart was transplanted. ([List of Biopsy Result codes](#))

**No**

**Yes, Myocarditis**

**Yes, Negative Biopsy Result**

**Yes, Other Diagnosis Specify**

**Left Kidney Biopsy:** If a biopsy was performed on the left kidney, select **Yes**. If not, select **No**. If the left kidney (or en bloc kidneys) was recovered or transplanted, this field is **required**.

**Glomerulosclerosis:** If Yes is selected for Left Kidney Biopsy and the organ was recovered or transplanted, select the glomerulosclerosis percentage for the left kidney from the drop-down list. This field is **required**. ([List of Kidney Glomerulosclerosis codes](#))

**0 - 5**

**6 - 10**

**11 - 15**

**16 - 20**

**20+**

**Indeterminate**

**Pump:** If a pump was used in preservation of the left kidney, select **Yes**. If not, select **No**. If the left kidney (or en bloc kidneys) was recovered or transplanted, this field is **required**.

**Final Resistance Prior to Shipping:** If Yes is selected for Pump, enter the resistance value. If Yes is selected for Pump, this field is required. If data is unavailable, select the reason from the status (**ST**) drop-down list (**N/A, Not Done, Missing, Unknown**). ([List of Status codes](#))

**Transferred to transplant center on pump:** If pump was used in preservation of the left kidney and the organ was transferred to the transplant center on pump, select Yes. If not, select **No**. If Yes is selected for Pump, this field is **required**.

**Right Kidney Biopsy:** If a biopsy was performed on the right kidney, select **Yes**. If not, select **No**. If the right kidney (or en bloc kidneys) was recovered or transplanted, this field is **required**.

**Glomerulosclerosis:** If **Yes** is selected for Right Kidney Biopsy and the organ was recovered or transplanted, select the glomerulosclerosis percentage for the right kidney from the drop-down list. ([List of Kidney Glomerulosclerosis codes](#))

**0 - 5**

**6 - 10**

**11 - 15**

**16 - 20**

**20+**

**Indeterminate**

**Pump:** If a pump was used in preservation of the right kidney, select **Yes**. If not, select **No**. If the right kidney (or en bloc kidneys) was recovered or transplanted, this field is **required**.

**Final Resistance Prior to Shipping:** If **Yes** is selected for Pump, enter the resistance value. If **Yes** is selected for Pump, this field is required. If data is unavailable, select the reason from the status (**ST**) drop-down list (**N/A, Not Done, Missing, Unknown**). ([List of Status codes](#))

**Transferred to transplant center on pump:** If pump was used in preservation of the right kidney and the organ was transferred to the transplant center on pump, select **Yes**. If not, select **No**. If **Yes** is selected for Pump, this field is **required**.

**Liver Biopsy:** If a biopsy was performed on the liver, select **Yes**. If not, select **No**. If the liver was recovered or transplanted, this field is **required**.

**% Macro vesicular fat:** If **Yes** is selected for **Liver Biopsy**, enter the percentage of macro vesicular fat. This field is required. If data is unavailable, select the reason from the status (**ST**) drop-down list (**N/A, Not Done, Missing, Unknown**). ([List of Status codes](#))

**Macrovesicular** - Large fat droplets balloon the liver cell, displacing the nucleus to the periphery of the cell, like an adipocyte. Triglycerides accumulate 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:** If **Yes** is selected for Liver Biopsy, enter the percentage of micro/intermediate vesicular fat. This field is required. If data is unavailable, select the reason from the status (**ST**) drop-down list (**N/A, Not Done, Missing, Unknown**). ([List of Status codes](#))

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

**Other Histology (check all that apply):** If **Yes** is selected for **Liver Biopsy**, indicate if another histology was performed.

**Hemosidera**

**Granulomas**

**Other Specify (enter the histology)**

**Left Lung Bronchoscopy and Right Lung Bronchoscopy:** If a lung was recovered or transplanted, select the results of the bronchoscopy procedure from the drop-down list. If the results were abnormal, select **Abnormal** with the type of abnormality. If a bronchoscopy was not performed, select **No Bronchoscopy**. If unknown, select **Unknown if bronchoscopy performed**. This field is **required**. ([List of Bronchoscopy Result codes](#))

**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:** If a lung was recovered or transplanted, select the results of the chest x-ray from the drop-down list. If abnormalities were found on the chest x-ray, select **Abnormal** with the location. If this information is unknown, select **Unknown** if chest x-ray performed. If a chest x-ray was performed and the results are unknown, select **Results unknown**. If no chest x-ray was performed, select **No chest x-ray**. This field is **required**. ([List of X-ray Result codes](#))

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

#### Organ Dispositions

**Complete the requested information for each displayed organ type listed.**

**Organ:** Verify the final disposition of the organ. ([List of Feedback Disposition codes](#))

**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 [organ] recovered/removed from donor:** (when the organ is placed in the basin): Enter the date, using the standard 8-digit format of MM/DD/YYYY format, and military time of organ recovery/removal. If the organ was recovered or transplanted and Yes is selected for **Was this a DCD donor**, this field is **required**.

**Recipient:** The recipient name from the Waitlist removal record displays. Verify that the recipient listed is correct.

**SSN:** The recipient's social security number from the Waitlist removal record displays. Verify that the recipient's social security number is correct.

**TX Center:** The recipient's transplant center displays. Verify that the center is correct.

**Reason Code:** Select the appropriate reason code from the drop-down list. This field is **required**. If Other, specify is selected, enter the reason in the space provided. If **Other, specify** is selected, this field is **required**.

If consent was not requested, select the appropriate reason from the drop-down list. The remaining questions for this organ will not display. ([List of Consent Not Requested codes](#))

**Donor age**  
**Non-heart beating donor**  
**History of previous cardiac surgery (valid for heart only)**



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

If consent was not obtained, select the appropriate reason from the drop-down list. The remaining questions for this organ will not display. ([List of Consent Not Obtained codes](#))

**Emotional**  
**Cultural beliefs**  
**Religious beliefs**  
**Family conflict**  
**Other, specify**

If the organ was not recovered, select the appropriate reason from the drop-down list. The remaining question for this organs will not display. ([List of Organ Not Recovered codes](#))

**Poor organ function**  
**Cardiac Arrest**  
**Infection**  
**Positive Hepatitis**  
**Positive HIV**  
**Diseased organ**  
**Anatomical abnormalities (not valid for PA or PA segments)**  
**Vascular damage**  
**No recipient located**  
**Donor medical history**  
**Donor social history**  
**Positive HTLV - 1**  
**Biopsy findings**  
**Surgical damage in OR**  
**No local recovery team**  
**Organ refused by all regional programs**  
**Organ refused by all national programs**  
**Organ refused by all programs with urgent need**  
**Ruled out after evaluation in OR**  
**Ruled out due to biopsy report**  
**Ejection fraction < 50%**  
**PO<sub>2</sub> < 200 on O<sub>2</sub> challenge**  
**Hemodynamically unstable donor**  
**Trauma to organ**  
**Positive (+) gram stain**  
**Time constraints**  
**Medical Examiner restricted recovery**  
**Replaced/aberrant RHA or CHA traversing head of PA**  
**IPDA-SMA junction identified within 5mm from RHA junction**  
**IPDA originating directly from RHA**  
**Other anatomical abnormality**  
**Converted anatomical abnormalities (206 for PA and PA segments) INACTIVE**  
**Other, specify**



If the organ was recovered but not for transplant use, select the appropriate reason from the drop-down list. ([List of Recovered Not for Transplant codes](#))

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

If the organ was recovered for a transplant but not used for a transplant, select the appropriate reason from the drop-down list. ([List of Recovered for Transplant but Not Transplanted codes](#))

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

If the organ was transplanted, select the appropriate reason from the drop-down list. ([List of Organ Disposition codes](#))

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

**Reason organ not transplanted:** If the organ was not transplanted, select the appropriate reason from the drop-down list, the organ was not transplanted. If **Other, specify** is selected, enter the reason in the **Specify** field. ([List of Reason Not Transplanted codes](#))

**Too old on pump**  
**Too old on ice**  
**Vascular damage**  
**Ureteral damage**  
**Inadequate urine output**  
**Donor medical history**  
**Donor social history**  
**Positive CMV**  
**Positive HIV**  
**Positive Hepatitis**  
**Warm ischemic time too long**  
**Organ trauma**  
**Organ not as described**  
**Biopsy findings**  
**Recipient determined to be unsuitable for TX in OR**  
**Poor organ function**

**Infection**  
**Diseased organ**  
**Anatomical abnormalities**  
**No recipient located - list exhausted**  
**Other, specify**

**Recovery Team #:** Enter the 6-digit Medicare Provider number of the OPO or transplant center procurement team that performed the recovery operation. This field is **required**.

**Initial Flush Solution:** For each recovered organ, select the flush solution from the drop-down list, used during the recovery procedure. If unknown, select **Unknown**. This field is **required**. If **Other, specify** is selected, enter the flush solution used in the **Specify** field. If **Other, Specify** is selected, this field is **required**. ([List of Initial Flush Solution codes](#))

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

**Back Table Flush Solution:** For each recovered organ, indicate the back table flush solution used to preserve each organ. If a back flush solution was not used, select **No Flush**. If unknown, select **Unknown**. This field is **required**. If **Other Specify** is selected, enter the flush solution used in the **Specify** field. If **Other Specify** is selected, this field is **required**. ([List of Back Table Flush Solution codes](#))

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

**Final Flush/Storage Solution:** For each recovered organ, indicate the final flush and storage solution used during the recovery procedure. If unknown, select **Unknown**. This field is **required**. If **Other Specify** is selected, enter the flush solution used in the **Specify** field. If **Other, Specify** is selected, this field is **required**. ([List of Initial Flush Solution codes](#))

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

**OPO sent vessels with organ:** If vessels (vascular allografts) were sent with the organ, as indicated on the Donor Organ Disposition in DonorNet, **Yes** displays. If no vessels were sent, **No** displays.

Tx center used extra vessels in the tx procedure: If extra vessels (vascular allografts) were used in the transplant procedure, as indicated on the Waitlist Removal record, **Yes** displays. If the vessels were not used, **No** displays.

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

**Note:** If the extra vessels used in a transplant procedure are procured from a tissue processing organization, they are not reported in UNet<sup>SM</sup>.