Living Donor Registration (LDR) Record Field Descriptions

Living Donor Registration (LDR) records are generated as soon as the Living Donor Feedback process is completed by the Transplant Center. The LDR 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 LDR 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.

The LDR record must be completed within 60 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.

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, if applicable, 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 when the donor information is entered into the Living Donor Feedback record. 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. (This is a required field.)

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. (This is a required field.)

State: Select the name of the state where the donor's home city is located. (List of State codes) In the event the donor is a foreign national, this field may be left blank or **FOREIGN COUNTRY** may be selected, if applicable.

Zip Code: Enter the U.S. Postal Zip Code of the location where the donor lived before hospitalization for recovery of this organ. In the event the donor is a foreign national, this field may be left blank.

Home Phone: Enter the donor's home phone number. (This is a required field.)

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

Email: Enter the donor's e-mail address.

SSN: Enter the donor's social security number. (This is a required field.)

> *Note:* If a living donor does not have a social security number, contact the Organ Center at 1-800-292-9537 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. (This is a required field.)

Gender: Select the appropriate choice to indicate if the donor is male or female. (This is a required field.)

Marital Status at time of Donation: Select the donor's marital status from the drop-down list. (This is a required field.) (List of Marital Status codes)

Single
Married
Divorced
Separated
Life Partner
Widowed
Unknown

ABO Blood Group: Select the donor's blood type by clicking on the circle to the left of the blood type. (This is a required field.) (List of ABO Blood Type codes)

O
A
B
AB

> *Note:* If the subgroup of **A** is known, it can be specified: **A1, A2, A1B, or A2B.**

Donor Type: Select the relationship of the living donor to the recipient from the drop-down list. (This is a required field.) (List of Donor Type codes)

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 - refers to a non-married, long-term partner of either gender

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.

<u>**Ethnicity/Race:**</u> Select all origins that indicate the donor's ethnicity/race. (This is a required field.) ([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**.

<u>**Citizenship:**</u> Select as appropriate to indicate the donor's citizenship. (This is a required field.) ([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 <u>Permanent Resident</u> is an individual residing in the U.S. under legally recognized and lawfully recorded residence as an immigrant. A <u>Conditional Resident</u> 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 <u>Returning Resident</u> 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 US: If the donor is a Non-Resident Alien (Nonimmigrant), enter the year the donor 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, 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.

> ***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.

Highest Education Level: Select the choice which best describes the living donor's highest level of education. (This is a required field.) (List of Education codes)

None
Grade School (0-8)
High School (9-12) or GED
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**. (This is a required field.)

Functional Status: Select the choice that best describes the donor's functional status just prior to the time of donation. (This is a required field.) (List of Functional Status codes)

Note: The Karnofsky Index will display for adult donors aged 18 and older.

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

Note: The Lansky Scale will display for pediatric donors aged 1 to 17.

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

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**. (This is a required field.)

If Yes: If **Yes** is selected, select the donor's working status from the drop-down list. (List of Working codes)

> **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, select the reason from the drop-down list. (List of Not Work Reason codes)

> **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 prevent 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 in 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

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**. (This is a required field.)

> If **Yes** is selected, indicate which viruses the donor was tested for prior to donation.

HIV (Human Immunodeficiency Virus) - Any of several retroviruses and especially HIV-1 that infect and destroy helper T cells of the immune system causing the marked reduction in their numbers that is diagnostic of AIDS. If **Yes** is selected, complete the following fields:

> **Was there was clinical disease (ARC, AIDS):** If the donor had clinical disease, select **Yes**. If not, select **No**. If unknown, select **UNK**.
> **Antibody:** Select the result of the test.
> **RNA:** Select the result of the test.

CMV (Cytomegalovirus) - A herpes virus (genus Cytomegalovirus) that causes cellular enlargement and formation of eosinophilic inclusion bodies especially in the nucleus and that acts as an opportunistic infectious agent in immunosuppressed conditions (as AIDS). If **Yes** is selected, complete the following fields:

> **Was there was clinical disease:** If the donor had clinical disease, select **Yes**. If not, select **No**. If unknown, select **UNK**.
> **IgG:** Select the result of the test.
> **IgM:** Select the result of the test.
> **Nucleic Acid Testing:** Select the result of the test.
> **Culture:** Select the result of the test.

HBV (Hepatitis B Virus) - A sometimes fatal hepatitis caused by a double-stranded DNA virus (genus Orthohepadnavirus of the family Hepadnaviridae) that tends to persist in the blood serum and is transmitted especially by contact with infected blood (as by transfusion or by sharing contaminated needles in illicit intravenous drug use) or by contact with other infected bodily fluids (as during sexual intercourse) -- also called serum hepatitis. If **Yes** is selected, complete the following fields:

> **Was there was clinical disease:** If the donor had clinical disease, select **Yes**. If not, select **No**. If unknown, select **UNK**.
> **Liver Histology:** Select the result of the test.
> **Core Antibody:** Select the result of the test.
> **Surface Antigen:** Select the result of the test.
> **HBV DNA:** Select the result of the test.

HCV (Hepatitis C Virus) - A disease caused by a flavivirus that is usually transmitted by parenteral means (as injection of an illicit drug, blood transfusion, or exposure to blood or blood products) and that accounts for most cases of non-A, non-B hepatitis. If **Yes** is selected, complete the following fields:

> **Was there was clinical disease:** If the donor had clinical disease, select **Yes**. If not, select **No**. If unknown, select **UNK**.
> **Liver Histology:** Select the result of the test.
> **Antibody:** Select the result of the test.
> **RIBA:** Select the result of the test.
> **HCV RNA:** Select the result of the test.

EBV (Epstein-Barr Virus) - A herpesvirus (genus Lymphocryptovirus) that causes infectious mononucleosis and is associated with Burkitt's lymphoma and nasopharyngeal carcinoma -- abbreviation EBV; called also EB virus. If **Yes** is selected, complete the following fields:

> **Was there was clinical disease:** If the donor had clinical disease, select **Yes**. If not, select **No**. If unknown, select **UNK**.
> **IgG:** Select the result of the test.
> **IgM:** Select the result of the test.
> **EBV DNA:** Select 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**) drop-down list (**Missing**, **Unknown, N/A, Not Done**). (This is a required field.) ([List of Status codes](#))

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 reason from the status (**ST**) drop-down list (**Missing**, **Unknown, N/A, Not Done**). (This is a required field.) ([List of Status codes](#))

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**. (This is a required field.) If the type of cancer is not listed, select the **Other, specify** and enter the name of the cancer in the **Specify** field. If the type of cancer is unknown, select **Unknown**. ([List of Cancer Site 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 had a history of cancer prior to donation, enter the number of the years the donor was free of the cancer.(This is a required field.) If the number of years in unknown, select the reason from the status (**ST**) drop-down list (**Missing**, **Unknown, N/A, Not Done**).

History of Cigarette Use: If the donor has a history of cigarette use, select **Yes**. If not, select **No**. (This is a required field.)

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. (List of Pack Years codes)

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**. (List of Abstinence Duration codes)

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: If the donor has a history of other tobacco use, select **Yes**. If not, select **No**. If unknown, select **UNK**. (This is a required field.)

This section displays if a <u>kidney</u> or <u>lung</u> was recovered from the donor.

Diabetes: If the donor had diabetes prior to the donation, select **Yes**. If not, select **No**. If unknown, select **UNK**. (This is a required field.)

If **Yes** is selected, **Treatment:** Select the type of treatment from the drop-down list. (List of Diabetes Treatment Codes)

Insulin
Oral Hypoglycemic Agent
Diet

Pre-Donation Liver Clinical Information

This section displays if a <u>liver</u> was recovered from the donor.

Total Bilirubin: Enter the most recent lab value prior to donation for total serum bilirubin in mg/dl. (This is a required field.) If any of the data values are unavailable, select the reason from the status (**ST**) drop-down list (**Missing**, **Unknown, N/A, Not Done**). (List of Status codes)

SGOT/AST: Enter the most recent lab value prior to donation for the serum glutamic oxaloacetic transaminase or aspartate transaminase in U/L. (This is a required field.) If any of the data values are unavailable, select the reason from the status (**ST**) drop-down list (**Missing**, **Unknown, N/A, Not Done**). (List of Status codes)

SGPT/ALT: Enter the most recent lab value prior to donation for the Serum Glutamic Pyruvic Transaminase/Alanine Aminotransferase in U/L. (This is a required field.) If any of the data values are unavailable, select the reason from the status (**ST**) drop-down list (**Missing**, **Unknown, N/A, Not Done**). (List of Status codes)

Alkaline Phosphatase: Enter the most recent lab value prior to donation for the serum alkaline phosphatase value in units/L. (This is a required field.) If any of the data values are unavailable, select the reason from the status (**ST**) drop-down list (**Missing**, **Unknown, N/A, Not Done**). (List of Status codes)

Serum Albumin: Enter the most recent lab value prior to donation for the serum albumin value in g/dl. (This is a required field.) If any of the data values are unavailable, select the reason from the status (**ST**) drop-down list (**Missing**, **Unknown, N/A, Not Done**. (List of Status codes)

Serum Creatinine: Enter the most recent lab value prior to donation for the serum creatinine value in mg/dl. (This is a required field.) If any of the data values are unavailable, select the reason from the status (**ST**) drop-down list (**Missing**, **Unknown, N/A, Not Done**). (List of Status codes)

INR: International Normalized Ratio. Enter the most recent prior to donation ratio of the prothrombin time (in seconds) to the control prothrombin time (in seconds). (This is a required field.) If any of the data values are unavailable, select the reason from the status (**ST**) drop-down list (**Missing**, **Unknown, N/A, Not Done**). (List of Status codes)

Liver Biopsy: If the donor had a liver biopsy prior to donation, select **Yes**. If not, select **No**. (This is a required field.)

If **Yes** is selected, **% Macrovesicular fat:** Enter the percentage of macro vesicular fat. If the value is not available, select the reason from the status (**ST**) drop-down list (**Missing**, **Unknown, N/A, Not Done**). ([List of Status codes](#))

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.

If **Yes** is selected, **% Micro/intermediate vesicular fat:** Enter the percentage of micro/intermediate vesicular fat. If the value is not available, select the reason from the status (**ST**) drop-down list (**Missing**, **Unknown, N/A, Not Done**). ([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.

Pre-Donation Kidney Clinical Information

This section displays if a <u>kidney</u> was recovered from the donor.

History of Hypertension: If the donor had a history of hypertension prior to donation, select **Yes** and the duration from the drop-down list. If not, select **No**. If unknown, select **Unknown**. (This is a required field.) ([List of Hypertension History codes](#))

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

If Yes, Method of Control: If the donor had a history of hypertension, indicate whether the method of control was by selecting **Yes, No** or **UNK** for the following methods.

Diet
Diuretics
Other Hypertension Medication

Serum Creatinine: Enter the lab value for the kidney donor's serum creatinine value in mg/dl taken prior to donation.(This is a required field.) If the value is not available, select the appropriate (**ST**) drop-down list (**Missing**, **Unknown, N/A, Not Done**). ([List of Status codes](#))

Preoperative Blood Pressure Systolic: Enter the living donor's systolic blood pressure. (This is a required field.) If the value is not available, select the reason from the status (**ST**) drop-down list (**Missing**, **Unknown, N/A, Not Done**). ([List of Status codes](#))

Preoperative Blood Pressure Diastolic: Enter the donor's diastolic blood pressure. (This is a required field.) If the value is not available, select the reason from the status (**ST**) drop-down list (**Missing**, **Unknown, N/A, Not Done**). ([List of Status codes](#))

Urinalysis: Enter the donor's **Urine Protein** or **Protein-Creatinine Ratio.** (This is a required field.)

If **Urine Protein** is selected, select the result from the drop-down list. ([List of Urinalysis Results codes](#))

Positive
Negative
Unknown
Not Done

Kidney Biopsy: If the donor had a kidney biopsy prior to donation, select **Yes**. If not, select **No**. (This is a required field.)

If **Yes** is selected, select the **Glomerulosclerosis** from the drop-down list. (List of Glomerulosclerosis codes)

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

Pre-Donation Lung Clinical Information

This section displays if a lung was recovered from the donor.

FVC% predicted (**Before Bronchodilators** and **After Bronchodilators**)**:** Enter the donor's FVC% predicted value before bronchodilators and FVC% predicted value after bronchodilators. (This is a required field.) If the value is not available, select the reason from the status (**ST**) drop-down list (**Missing**, **Unknown, N/A, Not Done)**. (List of Status codes)

FEV 1% predicted (**Before Bronchodilators** and **After Bronchodilators**)**:** Enter the donor's FEV 1% predicted value before bronchodilators and FEV 1% predicted value after bronchodilators. (This is a required field.) If the value is not available, select the reason from the status (**ST**) drop-down list (**Missing**, **Unknown, N/A, Not Done**). (List of Status codes)

FEF (25-75%)% predicted (**Before Bronchodilators** and **After Bronchodilators**)**:** Enter the donor's FEF (25-75%)% predicted value before bronchodilators and FEF (25-75%)% predicted value after bronchodilators. (This is a required field.) If the value is not available, select the reason from the status (**ST**) drop-down list (**Missing**, **Unknown, N/A, Not Done**). (List of Status codes)

TLC % predicted (**Before Bronchodilators** and **After Bronchodilators**)**:** Enter the donor's TLC% predicted value before bronchodilators and TLC% predicted value after bronchodilators. (This is a required field.) If the value is not available, select the reason from the status (**ST**) drop-down list (**Missing**, **Unknown, N/A, Not Done**). (List of Status codes)

Diffusing lung capacity corrected for alveolar volume % predicted: Enter the % predicted value. (This is a required field.) If the value is not available, select the reason from the status (**ST**) drop-down list (**Missing**, **Unknown, N/A, Not Done**). (List of Status codes)

Pa0$_2$ on room air: Enter the value for Pa0$_2$ on room air for the donor in mm/Hg. (This is a required field.) If the value is not available, select the reason from the status (**ST**) drop-down list (**Missing**, **Unknown, N/A, Not Done**). (List of Status codes)

Liver Surgical Information

This section displays if a liver was recovered from the donor.

Type of Transplant Graft: Select the type of transplant graft from the drop-down list. (This is a required field.) (List of Liver Graft Type codes)

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

Kidney Surgical Information

This section displays 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:** Select the procedure type from the drop-down list. (This is a required field.) (List of Kidney Procedure Type codes)
>
> > **Transabdominal**
> > **Flank (retroperitoneal)**
> > **Laparoscopic Not Hand-assisted**
> > **Laparoscopic Hand-assisted**
> >
> > **Conversion from Laparoscopic to Open:** If **Laparoscopic** was selected for **Intended Procedure Type**, and there was a conversion from laparoscopic to open procedure, select **Yes**. If there wasn't a conversion, select **No**.

Lung Surgical Information

This section displays if a lung was recovered from the donor.

> **Type of Transplant Graft:** The type of transplant (**Lobe, Right** or **Lobe, Left**) entered on the Living Donor Feedback displays.
>
> **Procedure Type:** Indicate whether the procedure type was **Open** or **Video Assisted Thoracoscopic**. (This is a required field.) (List of Procedure Type codes)
>
> > **Conversion from Thoracoscopic to Open:** If **Open** was selected for **Procedure Type**, and there was a conversion from thoracoscopic to an open procedure, select **Yes**. If there was no conversion, select **No**.
>
> **Intra-operative Complications:** If there were any intra-operative complications, select **Yes**. If not, select **No**. (This is a required field.)
>
> > **If Yes, Specify:** Select the complication(s) by clicking on the checkbox next to the complication. If **Other Specify** is selected, enter the name of the other complication in the **Other Specify** field. (List of Inter-operative Complication codes)
> >
> > > **Sacrifice of Second Lobe Specify**
> > > **Anesthetic Complication Specify**
> > > **Arrhythmia Requiring Therapy**
> > > **Cerebrovasular Accident**
> > > **Phrenic Nerve Injury**
> > > **Brachial Plexus Injury**
> > > **Breast Implant Rupture**
> > > **Other Specify**
> > >
> > > > **Sacrifice of Second Lobe, Specify:** If a second lobe was sacrificed, select the type from the drop-down list. (List of Second Lobe Sacrifice codes)
> > > >
> > > > > **RML**
> > > > > **RUL**
> > > > > **LUL**
> > > > > **Lingular**
> > > >
> > > > **Anesthetic Complication Specify:** If anesthetic complication occurred, enter the complication.
> > > >
> > > > **Arrhythmia requiring therapy:** If there was arrhythmia requiring therapy, select the therapy from the drop-down list. (List of Arrhythmia codes)

Medical therapy
Cardioversion

Post-Operative Information

This section displays for all organ types.

Date of Initial Discharge: Enter the date the donor was initially released to go home. Use the standard 8-digit format of MM/DD/YYYY. The donor's hospital stay includes total time spent in different units of the hospital, including medical and rehab. (This is a required field.)

Donor Status: Select the status of the donor from the drop-down list. (This is a required field.)

> **Living**
> **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. Use the standard 8-digit format of MM/DD/YYYY.(This is a required field.)

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 **Other specify** field. (List of Cause of Death codes)

> **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**

Non-Autologous Blood Administration: If non-autologous blood was administered to the donor, select **Yes**. If not, select **No**. (This is a required field.) Please include any blood products given from post-op through initial discharge.

> **If Yes, Number of Units:** If non-autologous blood was administered to the donor, enter the number of units the donor received for the following types:
>
> > **PRBC**
> > **Platelets**
> > **FFP**

Liver Related Post-Operative Complications (In First 6 Weeks Post-Donation)

This section displays 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 unknown, select **UNK**. (This is a required field.)

> **If Yes specify:** Select the grade of complication by clicking on the circle next to the grade. (List of Biliary Complication codes)
>
> > **Grade 1 - Bilious JP drainage more than 10 days**
> > **Grade 2 - Interventional procedure (ERCP, PTC, percutaneous drainage, etc.)**
> > **Grade 3 - Surgical intervention**

If Grade 3 is selected, enter the **Date of Surgery** using the standard 8-digit format of MM/DD/YYYY.

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 unknown, select **UNK**. (This is a required field.)

If Yes, Specify: Select the complication(s) by clicking on the checkbox next to the complication. If **Other, specify** is selected, enter the name of the other complication in the **Other Specify** field. (List of Vascular Complication codes)

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 unknown, select **UNK**. (This is a required field.)

If Yes, Specify: Select the complication(s) by clicking on the checkbox next to the complication. If **Other, specify** is selected, enter the name of the other complication in the **Other Specify** field. (List of Other Complication codes)

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 unknown, select **UNK**. (This is a required field.)

If Yes, specify reason for reoperation (during first six weeks): Specify the reason(s) by clicking on the checkbox next to the reason. Enter the **Date** for each reason selected using the standard 8-digit format of MM/DD/YYYY. If **Other Specify** is selected, enter the reason and the **Date**.

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

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 unknown, select **UNK**. (This is a required field.)

If yes, specify reason for readmission (during first six weeks): Select the reason from the drop-down list. If **Other, specify** is selected, enter the reason in the **Specify** field. (List of Readmission codes)

Wound infection
Fever
Bowel Obstruction
Pleural Effusion
Biliary Complications

Vascular Complications
Other, specify

If Yes, Date of First Readmission: Enter the date of the first readmission using the standard 8-digit format of MM/DD/YYYY.

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 unknown, select **UNK**. (This is a required field.)

If Yes, Specify Procedure: Enter the procedure.
Date of Procedure: Enter the date of the procedure using the standard 8-digit format of MM/DD/YYYY.

Kidney Related Post-Operative Complications (In First 6 Weeks Post-Donation)

This section displays if a <u>kidney</u> 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 unknown, select **UNK**. (This is a required field.)

If Yes, Specify: Select the complication(s) by clicking on the checkbox next to the complication. If **Other, specify** is selected, enter the name of the other complication in the **Other Specify** field. (List of Kidney Vascular Complication codes)

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 unknown, select **UNK**. (This is a required field.)

If Yes, Specify: Select the complication(s) by clicking on the checkbox next to the complication. If **Other, specify** is selected, enter the name of the other complication in the **Other Specify** field. (List of Other Kidney Complications codes)

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 unknown, select **UNK**. (This is a required field.)

If Yes, specify reason for reoperation (during first six weeks): Specify the reason(s) by clicking on the checkbox next to the reason. Enter the **Date** for each reason selected. If **Other Specify** is selected, enter the reason and the **Date**.

Bleeding
Hernia Repair
Bowel Obstruction

Vascular
Other Specify

<u>Any Readmission After Initial Discharge</u>: 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 unknown, select **UNK**. (This is a required field.)

If yes, specify reason for readmission (during first six weeks): Select the reason from the drop-down list. If **Other, specify** is selected, enter the reason in the **Specify** field. ([List of Readmission codes](#))

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

If Yes, Date of First Readmission: Enter the date of the first readmission using the standard 8-digit format of MM/DD/YYYY.

<u>Other Interventional Procedures</u>: If the donor required other interventional procedures during the first 6 weeks after the donation, select **Yes**. If not, select **No**. If unknown, select **UNK**. (This is a required field.)

If Yes, Specify Procedure: Enter the procedure.

Date of Procedure: Enter the date of the procedure using the standard 8-digit format of MM/DD/YYYY.

Lung Related Post-Operative Complications (In First 6 Weeks Post-Donation)

This section displays if a <u>lung</u> was recovered from the donor.

<u>Post-operative complications during the initial hospitalization</u>: If the donor experienced any post-operative complications during the initial hospitalization, select **Yes**. If not, select **No**. (This is a required field.)

If **Yes** is selected, select the type of post-operative complications from the drop-down list. ([List of Post-operative Complication codes](#))

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 (>14 days) 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 if the donor received **Medical therapy**, **Cardioversion** or **Electrophysiologic Ablation**. (List of Therapy codes)

> **Placement of Additional Thoracostomy Tube(s), Indication:** Select the placement of the tubes from the drop-down list. (List of Thoracostomy Tube codes)

> > **Pneumothorax**
> > **Pleural effusion**
> > **Empyema**

> **Other Specify:** Enter the therapy.

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 unknown, select **UNK**. (This is a required field.)

> **If yes, specify reason for readmission (during first six weeks):** Select the reason from the drop-down list. If **Other, specify** is selected, enter the reason in the **Specify** field. (List of Readmission codes)

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

> **If Yes, Date of First Readmission:** Enter the date of the first readmission using the standard 8-digit format of MM/DD/YYYY.

Post-Operative Clinical Information (Within 6 Weeks Post-Donation)

The following questions 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 using the standard 8-digit numeric format of MM/DD/YYYY.

Height: Enter the height of the donor in **ft** (feet) and **in** (inches) or **cm** (centimeters). (This is a required field.) If the donor's height is not available, select the appropriate (**ST**) drop-down list (**Missing, Unknown, N/A, Not Done**). (List of Status codes)

Weight: Enter the weight of the donor in **lb** (pounds) or **kg** (kilograms). (This is a required field.) If the donor's weight is not available, select the reason from the status (**ST**) drop-down list (**Missing, Unknown, N/A, Not Done**). (List of Status codes)

The following questions 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. (This is a required field.) If the value is not available, select the reason from the status (**ST**) drop-down list (**Missing, Unknown, N/A, Not Done**). (List of Status codes)

Post-Op Blood Pressure Systolic: Enter the donor's systolic blood pressure within 6 weeks after the donation in the space provided. (This is a required field.) If the value is not available, select the reason from the status (**ST**) drop-down list (**Missing, Unknown, N/A, Not Done**). (List of Status codes)

Post-Op Blood Pressure Diastolic: Enter the donor's diastolic blood pressure within 6 weeks after the donation in the space provided. (This is a required field.) If the value is not available, select the reason from the status (**ST**) drop-down list (**Missing**, **Unknown, N/A, Not Done**). (List of Status codes)

Urinalysis: Enter the donor's **Protein-Creatinine Ratio** or **Urine Protein**. This is a required field.

> If **Urine Protein** is selected, select the result from the drop-down list. (List of Urinalysis Results codes)
>
> > **Positive**
> > **Negative**
> > **Unknown**
> > **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.** (This is a required field.)

The following questions display for donated _liver_ organs only:

Total Bilirubin: Enter the lab value for total serum bilirubin in mg/dl. (This is a required field.) If the value is not available, select the reason from the status (**ST**) drop-down list (**Missing**, **Unknown, N/A, Not Done**). (List of Status codes)

SGOT/AST: Enter the lab value for the serum glutamic oxaloacetic transaminase or aspartate transaminase in U/L. (This is a required field.) If the value is not available, select the reason from the status (**ST**) drop-down list (**Missing**, **Unknown, N/A, Not Done**). (List of Status codes)

SGPT/ALT: Enter the lab value for Serum Glutamic Pyruvic Transaminase/Alanine Aminotransferase in U/L. (This is a required field.) If the value is not available, select the reason from the status (**ST**) drop-down list (**Missing**, **Unknown, N/A, Not Done**). (List of Status codes)

Alkaline Phosphatase: Enter the lab value for the serum alkaline phosphatase value in units/L. (This is a required field.) If the value is not available, select the reason from the status (**ST**) drop-down list (**Missing**, **Unknown, N/A, Not Done**). (List of Status codes)

Serum Albumin: Enter the lab value for the serum albumin value in g/dl. (This is a required field.) If the value is not available, select the reason from the status (**ST**) drop-down list (**Missing**, **Unknown, N/A, Not Done**). (List of Status codes)

Serum Creatinine: Enter the lab value for the serum creatinine value in mg/dl. (This is a required field.) If the value is not available, select the reason from the status (**ST**) drop-down list (**Missing**, **Unknown, N/A, Not Done**). (List of Status codes)

INR: International Normalized Ratio. Enter the ratio of the prothrombin time (in seconds) to the control prothrombin time (in seconds). (This is a required field.) If the value is not available, select the reason from the status (**ST**) drop-down list (**Missing**, **Unknown, N/A, Not Done**). (List of Status codes)

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. (This is a required field.)

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**. (This is a required field.)

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. (List of Recovered Organ codes)

Right Kidney
Left Kidney
Pancreas Segment
Liver Segment
Intestine Segment
Living Donor Heart Transplant
Right Single Lung
Left Single Lung
Left Lung Lobe
Right Lung Lobe
Domino Whole Liver

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. (This is a required field.)

Donor Workup Facility: This is the name of the center that entered the Living Donor information into UNet^{SM}. This cannot be modified.