

**Living Donor and Potential Living Donor Initial Registration Worksheet**  
(Kidney and Liver)

**Provider Information**

1. Donor Center: \_\_\_\_\_

**Donor Candidate Information**

2. Living Donor Collective (LDC) ID Number: \_\_\_\_\_

3. UNOS Donor ID Number (if/when assigned): \_\_\_\_\_

4. Donor Candidate Name: \_\_\_\_\_

5. Address: \_\_\_\_\_  
\_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_

Zip Code: \_\_\_\_\_

6. Mailing Address: \_\_\_\_\_  
\_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_

Zip Code: \_\_\_\_\_

7. Primary Phone: \_\_\_\_\_

8. Secondary Phone: \_\_\_\_\_

9. Primary Email: \_\_\_\_\_

10. Secondary Email: \_\_\_\_\_

11. SSN#: \_\_\_\_\_

11a. 9FN if no SSN: \_\_\_\_\_

12. Date of Birth: \_\_\_\_\_

13. Whom can we contact if we cannot reach the donor candidate? (Only to obtain donor contact information; no other information will be shared)

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_

Phone 1: \_\_\_\_\_

Phone 2: \_\_\_\_\_

Email: \_\_\_\_\_

Relationship to donor candidate: \_\_\_\_\_

**13a. Preferred method of contact:**

- Primary phone
  - Text
  - Voice
- Secondary phone
- Primary email
- Secondary email
- Postal Mail
- Other, Specify:
- Social Media: Specify (Facebook, Twitter, Instagram, etc.):

**14. Gender:**

- Male
- Female

**15. Marital Status at Time of Donation:**

- Single
- Married
- Divorced
- Separated
- Life Partner
- Widowed
- Unknown

**16. Donor Candidate Type:**

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

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

- American Indian or Alaska Native
  - American Indian
  - Eskimo
  - Aleutian
  - Alaska Indian
  - American Indian or Alaska Native: Other
  - American Indian or Alaska Native: Not Specified/Unknown
- Asian
  - Asian Indian/Indian Sub-Continent
  - Chinese
  - Filipino
  - Japanese
  - Korean
  - Vietnamese
  - Asian: Other
  - Asian: Not Specified/Unknown
- Black or African American
  - African American
  - African (Continental)
  - West Indian
  - Haitian
  - Black or African American: Other
  - Black or African American: Not Specified/Unknown
- Hispanic/Latino
  - Mexican
  - Puerto Rican (Mainland)
  - Puerto Rican (Island)
  - Cuban
  - Hispanic/Latino: Other
  - Hispanic/Latino: Not Specified/Unknown
- Native Hawaiian or Other Pacific Islander
  - Native Hawaiian
  - Guamanian or Chamorro
  - Samoan
  - Native Hawaiian or Other Pacific Islander: Other
  - Native Hawaiian or Other Pacific Islander: Not Specified/Unknown
- White
  - European Descent
  - Arab or Middle Eastern
  - North African (non-Black)
  - White: Other
  - White: Not Specified/Unknown

**18. Citizenship:**

- US Citizen
  - Non-US Citizen/US Resident
  - Non-US Citizen/Non-US Resident, Traveled to US for Reason Other Than Transplant
  - Non-US Citizen/Non-US Resident, Traveled to US for Transplant
- Country of Permanent Residence: \_\_\_\_\_  
Year of Entry into U.S.: \_\_\_\_\_

**19. Highest Education Level:**

- None
- Grade school (0-8)
- High school (9-12) or GED
- Attended college/technical school
- Associate/Bachelor degree
- Post-college graduate degree
- Unknown

**20. Does the Candidate have health insurance?**

- YES
- NO
- UNKNOWN

**21. Working for Income:**

- YES
  - If Yes (check one):
  - 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
- NO
- UNKNOWN
  - If Not Working, Reason (check one):
  - Disability
  - Insurance Conflict
  - Inability to Find Work
  - Donor Choice - Homemaker
  - Donor Choice - Student Full Time/Part Time
  - Donor Choice - Retired
  - Donor Choice - Other
  - UNKNOWN

**22. Household Income:**

- \$0 to \$19,999
- \$20,000 to \$24,999
- \$25,000 to \$29,999
- \$30,000 to \$34,999
- \$35,000 to \$39,999
- \$40,000 to \$44,999
- \$45,000 to \$54,999
- \$55,000 to \$74,999
- \$75,000 to \$99,999
- \$100,000 or above
- Refused
- Don't know

**23. Number of individuals living in the household: \_\_\_\_**

**Pre-Donation Clinical Information**

**Date of initial in-clinic screening for living donation: \_\_\_\_\_**

**24. Pre-Donation Height and Weight**

Height: \_\_\_\_ ft \_\_\_\_ in, or \_\_\_\_ cm

Weight: \_\_\_\_ lb, or \_\_\_\_ kg

**25. History of Cancer (check all that apply):**

- NO
- Lip
- Other oral cavity/pharynx
- Esophagus
- Stomach
- Colon and rectum
- Anus
- Liver
- Pancreas
- Lung
- Melanoma
- Squamous Cell Skin
- Breast
- Uterine Cervix
- Corpus and Uterus
- Prostate
- Testis
- Urinary Bladder
- Kidney and Renal Pelvis
- Brain and Other Nervous System
- Thyroid

- Hodgkin Lymphoma
- Non-Hodgkin Lymphoma
- Myeloma
- Leukemia
- Other, Specify: \_\_\_\_\_

**Cancer Free Interval:** \_\_\_\_ years

**26. History of Tobacco Use:**

- YES
- NO

If YES,

**Number of cigarettes per day:** \_\_\_\_\_

\_\_\_\_\_ **Number of years smoked:** \_\_\_\_\_ (Pack years will auto-calculate.)

**Duration of Abstinence from Cigarettes:**

- None, still smoking
- 0-2 months
- 3-12 months
- 1.1-3.0 years
- 3.1-5.0 years
- >5.0 years
- UNKNOWN

**27. Other Tobacco Used:**

- YES
- NO
- UNKNOWN

**28. History of Marijuana Use (check one):**

- Never
- More than 5 years ago
- Occasional use
- Regular use
- Declined or do not know.

**29. Diabetes:**

- YES
- NO
- UNKNOWN

**Treatment of Diabetes (check all that apply):**

- Insulin
- Oral Hypoglycemic Agent
- Diet
- None

**30. Is Candidate currently taking a cholesterol-lowering medication?**

- NO
- YES, indicate either or both:
  - Statin
  - Other cholesterol-lowering medication
- UNKNOWN

**31. Was the Candidate ever told by a doctor or other health professional that he/she has/had hypertension (check one):**

- NO
- ≤5 YEARS
- 6-10 YEARS
- >10 YEARS
- UNKNOWN DURATION
- UNKNOWN

**If history of hypertension, is/was medication used to control blood pressure (check one):**

- None
- 1 medication for blood pressure
- 2 medications for blood pressure
- More than 2 medications for blood pressure
- UNKNOWN

**32. Clinic Blood Pressure at the time of donor evaluation:**

Systolic: \_\_\_ mm Hg  
Diastolic: \_\_\_ mm Hg

**33. 24-hour Ambulatory Blood Pressure obtained (check one):**

- Yes
- No

**34. Cholesterol and Glucose:**

Total cholesterol: \_\_\_ mg/dL  
High density lipoprotein (HDL) cholesterol: \_\_\_ mg/dL  
Low density lipoprotein (LDL) cholesterol: \_\_\_ mg/dL  
Triglycerides: \_\_\_ mg/dL  
Fasting blood glucose: \_\_\_ mg/dL

**35. Donation Information**

**Organ candidate will donate:**

- Liver
- Kidney

**Date of Donation:**

- Date of Decision to Not Donate:
- Date of donation:

**36. Does registrant agree to be contacted by LDC in the future?**

- Yes
- No

**Pre-Donation Liver Clinical Information (Provide only if a liver donor candidate)**

L1. Total Bilirubin: \_\_\_ mg/dL

L2. SGOT/AST: \_\_\_ U/L

L3. SGPT/ALT: \_\_\_ U/L

L4. Alkaline Phosphatase: \_\_\_ units/L

L5. Serum Albumin: \_\_\_ g/dL

L6. Serum Creatinine: \_\_\_ mg/dL

L7. INR: \_\_\_

L8. Platelet Count: \_\_\_\_\_per microliter (mCL)

**L9. Liver Biopsy:**

- NO (not done)
- YES
- % Macro vesicular fat: \_\_\_ %
- % Micro vesicular fat: \_\_\_ %

**L10. Did the Candidate ever have hepatitis, jaundice or elevated liver tests, or was the Candidate ever told by a health care provider that he/she had hepatitis, jaundice or abnormal liver tests?**

- YES
- NO
- UNKNOWN

**L11. In the past 12 months, how often did the Candidate drink any type of alcoholic beverage? How many days per week, per month, or per year did the Candidate drink? Enter '0' for never. Enter**

- |\_\_| days per week, or
- |\_\_| days per month, or
- |\_\_| days per year.
- Declined or don't know

**L 12. In the past 12 months, on those days that the Candidate drank alcoholic beverages, on the average, how many drinks did the Candidate have? Enter**

- |\_\_| number of drinks, and if less than 1 drink, enter '1'.
- Declined or don't know

**Pre-Donation Kidney Clinical Information (Provide only if a *kidney donor candidate*)**

**K1. Urine Albumin-Creatinine Ratio:** \_\_\_ mg/g

**K2. Serum Uric Acid:** \_\_\_ mg/dL

**K3. Serum Creatinine:** \_\_\_ mg/dL

**K4. APOL1 risk if Candidate is African American (check one):**

- 0 risk variants
- 1 risk variant
- 2 risk variants
- Not measured
- UNKNOWN

**K5. Family history of kidney disease (check one):**

- NO
- Biologic parent
- Child
- Brother or sister
- Other blood relative
- UNKNOWN

**Type of kidney disease in the family (check all that apply):**

- Kidney disease known to be caused by diabetes
- Kidney disease known to be caused by high blood pressure
- Autosomal dominant polycystic kidney disease (ADPKD or PKD)
- Alport syndrome or thin basement membrane disease/nephropathy
- Atypical hemolytic uremic syndrome (aHUS)
- Fabry disease
- Familial focal segmental glomerulosclerosis
- Other hereditary kidney disease
- None of the above
- UNKNOWN

**K6. Has a doctor or other health professional ever told the Candidate that he/she had gout?**

- YES
- NO
- UNKNOWN

**K7. Family history of diabetes (check one):**

- NO
- Biologic parent
- Child
- Brother or sister
- UNKNOWN

**K8. Has a doctor or other health professional ever told the Candidate that he/she had kidney stones?**

- YES

- NO
- UNKNOWN

**If yes, how many times has the Candidate passed a kidney stone (choose one)?**

- 0 (never)
- 1
- 2
- 3-5
- >5
- UNKNOWN

**Most recent kidney stone:**

- Never
- < 2 years ago
- 2-5 years ago
- 5-10 years ago
- >10 years ago

**K9. Have you ever been pregnant? Y/N/Male**

**During any pregnancy:**

**Was the Candidate ever told by a doctor or other health professional that she had diabetes, sugar diabetes or gestational diabetes? Please do not include diabetes that candidate may have known about before the pregnancy:**

- YES
- NO
- UNKNOWN

**Was the Candidate ever told by a doctor or other health professional that she had Gestational Hypertension?**

- YES
- NO
- UNKNOWN

**Was the Candidate ever told by a doctor or other health professional that she had Preeclampsia (Hypertension with Proteinuria during Pregnancy)?**

- YES
- NO
- UNKNOWN