Deceased Donor Registration (DDR) Field Descriptions

Deceased Donor Registration (DDR) records are generated and available as soon as the donor organ disposition process (Donor Feedback) is completed in DonorNet®. The Deceased Donor Registration record is to be completed only for deceased donors from who at least one organ has been recovered for purposes of transplantation.

A **authorized but not recovered** donor is one in which authorization was obtained but the organs were not recovered for transplantation.

Organ recovery teams may only recover organs that they have received authorization to recover. An authorized organ should be recovered if it is transplantable or a transplant recipient is identified for the organ. If an authorized organ is not recovered, the host OPO must document the specific reason for non-recovery. This policy does not apply to VCA transplants.

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

The DDR record must be completed within 60 days from the record generation date. See OPTN Policies for additional information. Use the search feature to locate specific policy information on Data Submission Requirements.

Additional Resources: See History of Definition Changes.

Donor Information

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

OPO: Verify the OPO name, code and Medicare provider number of the OPO responsible for the management of the donor.

Donor Hospital: Verify the hospital name and the Medicare provider number of the hospital that 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 donor’s last name. This field is **required**.

First Name: Enter the donor’s first name. This field is **required**.

Middle Initial: Enter the donor’s middle initial.

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

Age: Enter the donor's age in **Years** or **Months**.

Gender: Report donor sex (**Male** or **Female**), based on biologic and physiologic traits at birth. If sex at birth is unknown, report sex at time of donation as reported by donor or documented in medical record. The intent of this data collection field is to capture physiologic characteristics that may have an impact on recipient size matching or graft outcome. 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**.

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 as appropriate to indicate the donor's citizenship. This field is **required**.

> **U.S. Citizen:** A United States citizen by birth or naturalization.
>
> **Non-U.S. Citizen/U.S. Resident:** A non-citizen of the United States for whom the United States is the primary place of residence.
>
> **Non-U.S. Citizen/Non-U.S. Resident:** A non-citizen of the United States for whom the United States is not the primary place of residence.
>
> **Unknown:** Citizenship could not be determined

Home Country: If the donor is a non-U.S. citizen/non-U.S. resident, enter the donor's Home Country from the drop-down list. This field is **required.**

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**.

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**.

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**.

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

Procurement and Authorization

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**.

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

Was the patient legally declared brain dead: If the appropriate personnel legally declared the patient as brain dead, select **Yes**. If not, select **No**. 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 **Yes** is selected for “Was the patient legally declared brain dead”, 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**).

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 authorization. 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
Advanced Directive
Other Specify

Was the authorization based solely on this documentation: If authorization 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.

Date and time authorization obtained for organ donation: Enter the date, using the standard 8-digit numeric format of MM/DD/YYYY, and military time authorization was obtained for organ donation. If authorization is based solely on first person authorization, the time of authorization entered should be the time of death.

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.

O

A

B

AB

Z (In Utero Only)

A1

A1B

A2

A2B

Height: Enter the height of the donor 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 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)

Protein in Urine (Yes, No, UNK)

Serum Sodium (mEq/L)

BUN (mg/dl)

Serum Creatinine (mg/dl)

Total Bilirubin (mg/dl)

SGOT/AST (u/L)

SGPT/ALT (u/L)

INR

Hematocrit (%)

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

Serum Lipase (u/L)

Serum Amylase (u/L)

HbA1c (%)

Serology:

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

HIV Serology Results

HIV Ag/Ab Combo Assay Results

HTLV Serology Results

Syphilis Serology Results

Anti-CMV Serology Results

HBsAg Serology Results

HBcAb Serology Results

HCV Serology Results

HBsAb Serology Results

EBV (VCA) (IgG) Serology Results

EBV (VCA) (IgM) Serology Results

EBNA Serology Results

Chagas Serology Results

West Nile Serology Results

Toxoplasma (IgG) Results

Strongyloides Results

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**.

NAT Results: For each of the tests listed, select the results from the drop-down lists (**Positive; Negative; Unknown; Cannot Disclose; Not Done; Indeterminate**). These fields are **required.**

HIV NAT Results

HBV NAT Results

HCV NAT Results

HTLV NAT Results

Chagas NAT Results

West Nile NAT Results

Donor Management: (Any medications 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**. You should enter as many medications as will fit in the boxes. Do NOT enter electrolytes such as KCL, KPhos etc. If a medication falls under more than one category (antihypertensives and vasodilators) select **Yes** for both categories. These fields are **required** for form validation, except for **Other/Specify**.

Steroids

Diuretics

T3

T4

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 Medications 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**.

Note: **Vasopressin and T4 are NOT inotropes.**

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**.

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

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. Do NOT count other blood products such as FFP or platelets. 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**.

None
1 - 5
6 - 10
Greater than 10
Unknown

Clinical Infection Confirmed by Culture: If there is documented evidence of any clinical infection (of any positive cultures) 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 by Culture**, 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**. If there are any positive cultures, the answers will be Yes.

Lifestyle 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 equals 20 pack years. Another example is 11/2 packs per day for 10 years equals 15 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.**

According to the OPTN policy in effect on the date of referral, does the donor have risk factors for blood-borne disease transmission?: If the deceased donor has factors associated with an increased risk for disease transmission, including blood-borne pathogens, select **Yes**. If not, select **No**. If the deceased donor meets the criteria for increased risk for HIV, Hepatitis B, and Hepatitis C transmission set forth in the current U.S. Public Health Services (PHS) Guideline or the host OPO cannot obtain the information necessary to make this determination, the host OPO must identify the donor as having increased risk for transmission of HIV, Hepatitis B, and Hepatitis C and communicate this information to all transplant programs receiving organs from the deceased donor. This field is **required**.

Note: Effective March 1, Organ Procurement and Transplantation Network policies will be implemented to align with the 2020 U.S. Public Health Service Guideline for assessing solid organ donors and monitoring transplant recipients for HIV, hepatitis B (HBV), and hepatitis C (HCV). See 2020 PHS Guideline for more details.

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**. A donor should *not* be considered as having a history of diabetes based on gestational diabetes only. If the donor's history is unknown, select **Unknown**. This field is **required**.

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**.

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 anti-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**.

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: Enter which type of intracranial cancer from the following options. If the primary cancer type is not listed, select **Other, Specify.** Enter the cancer type in the **Specify** field. If **Other, Specify** is selected, this field is **required**.

Astrocytoma

Medulloblastoma

Glioblastoma Multiforme

Neuroblastoma

Meningioma

Malignant Meningioma

Benign Angioblastoma

Unknown

Other specify

Extracranial: Enter which type of extracranial cancer from the following options. If the primary cancer type is not listed, select **Other, Specify.** Enter the cancer type in the **Specify** field. If **Other, Specify** is selected, this field is **required**.

Kidney

Breast

Thyroid

Tongue/Throat/Larynx

Lung

Leukemia/Lymphoma

Liver

Unknown

Other Specify

Skin: Enter which type of skin cancer from the following options. If the primary cancer type is not listed, select **Other, Specify.** Enter the cancer type in the **Specify** field. If **Other, Specify** is selected, this field is **required.**

Squamous Cell

Basal Cell

Melanoma

Unknown

Other Specify

Chagas History: If the donor has a documented history of chagas prior to this hospitalization, select **Yes.** If the donor does not have a chagas, select **No**. If the donor's history is unknown, select **UNK**. This field is **required**.

TB History: If the donor has a documented history of TB prior to this hospitalization, select **Yes.** If the donor does not have a TB, select **No**. If the donor's history is unknown, select **UNK**. This field is **required**.

Organ Recovery

Note: Complete the requested information for each displayed organ type listed.

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 donor recovered under DCD protocol: If this donor was a DCD (Donation after Circulatory Death) donor, select **Yes**. If this donor was not a DCD donor, select **No**. ***Note:*** No cannot be selected as the response if No was selected for **Was the patient legally brain dead**. This field is **required**. Donation after Circulatory Death (DCD) describes the organ recovery process that may occur following death by irreversible cessation of circulatory and respiratory functions. A DCD donor may also be called a non-heartbeating, asystolic, or donation after cardiac death donor.

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 **Was this a 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 the referral date and the date and time of death. 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_2 sat. < 80%): Agonal Phase begins when one of the following conditions is met and sustained for a minimum of five (5) minutes:

a. Newborn up to 28 days old, with a systolic blood pressure less than 60 mm Hg, OR

b. 29 days old up to 12 months old, with a systolic blood pressure less than 70 mm Hg, OR

c. 1 year old up to 10 years old, 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 and time must be up to 60 minutes prior to the date and time of withdrawal of support, but not later than 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.**

If Yes (Controlled and legally declared brain dead) Measures Between Withdrawal of Support and Cardiac Standstill. Provide Serial Data Every 5 Minutes Between Withdrawal of Support and Start of Agonal Phase, and Every 1 Minute Between Start of Agonal Phase and Cardiac Standstill.

If Yes (Controlled and NOT legally declared brain dead) Measures Between Withdrawal of Support and Cardiac Death. Provide Serial Data Every 5 Minutes Between Withdrawal of Support and Start of Agonal Phase, and Every 1 Minute 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. If unavailable, select the reason from the status (**ST**) drop-down list (**N/A, Not Done, Missing, Unknown**).

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. If unavailable, select the reason from the status (**ST**) drop-down list (**N/A, Not Done, Missing, Unknown**).

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. The value must be between 0 and 200. If unavailable, select the reason from the status (**ST**) drop-down list (**N/A, Not Done, Missing, Unknown**).

O_2 Saturation: Enter the O_2 saturation. If unavailable, select the reason from the status (**ST**) drop-down list (**N/A, Not Done, Missing, Unknown**).

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 of abdominal aorta core cooling: 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. The value

entered cannot be more than 60 minutes after the cross clamp time. If **Yes** is selected for **Was this a 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 of thoracic aorta core cooling: 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. The value entered cannot be more than 60 minutes after the cross clamp time. If **Yes** is selected for **Was this a 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 of portal vein core cooling: 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. The value entered cannot be more than 60 minutes after the cross clamp time. If **Yes** is selected for **Was this a 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 of pulmonary artery core cooling: 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. The value entered cannot be more than 60 minutes after the cross clamp time. If **Yes** is selected for **Was this a 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)

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. 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**).This field is **required**.

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**.

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. If the left ventricular ejection fraction is unavailable, select the reason from the status (**ST**) drop-down list (**N/A, Not Done, Missing, Unknown**).This field is **required**.

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

Heart machine perfusion: If there was machine used in preservation of the heart, select **Yes**. If not, select **No.** This field is **required**.

Coronary Angiogram: If the donor had a coronary angiogram, select **Yes**, **normal** or **Yes, not normal** from the list. If the donor did not have a coronary angiogram, select **No**. This field is **required**.

No

Yes, normal

Yes, not normal

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 list. If this information is unknown, select **Unknown** from the drop-down list. This field is **required**.

0
1
2
3
Unknown

Pulmonary Measurements:

ABG Results

Blood pH: Enter the blood pH level for the donor**.**

PCO_2: Enter the PCO_2 in mmHg. If unavailable, select the reason from the status (**ST**) drop-down list (**N/A, Not Done, Missing, Unknown**). This field is **required**.

PO_2: Enter the terminal value in mmHg. If unavailable, select the reason from the status (**ST**) drop-down list (**N/A, Not Done, Missing, Unknown**). This field is **required**.

PEEP: Enter the PEEP value in mmHg performed closest to the time of recovery. If unavailable, select the reason from the status (**ST**) drop-down list (**N/A, Not Done, Missing, Unknown**).

FiO_2: Enter the terminal percent (i.e. 40%) of FiO_2. If unavailable, select the reason from the status (**ST**) drop-down list (**N/A, Not Done, Missing, Unknown**). This field is **required**.

Ventilator mode: closest to the time of recovery: Select the appropriate option.

A/C

CMV

SIMV

PRVC

APRV

HFOV

Other, specify

If **Other Specify** is selected, enter the specific ventilator mode in the Specify field.

Was a pulmonary artery catheter placed: If a pulmonary artery catheter was in place or placed during donor management, select **Yes**. If not, select **No**. This field is **required**.

If Yes, Initial (baseline) and Final-Preoperative measurements: If a pulmonary artery catheter was in place or placed during donor management, enter the Initial (baseline) and Final (preoperative) measurements for the following fields. For pulmonary artery catheters in place prior to donor management, the Initial (baseline) measurements would be the first measurements once donor management has commenced. All values should be entered from the same reading. For example, if there is no PCWP - do not enter the PCWP from another reading. 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**). If the pulmonary artery catheter was removed before donor management began or when donor management started, then the OPO does not need to supply measurements.

MAP: (mmHg) (Mean arterial pressure)
CVP: (mmHg) (Central Venous Pressure)
PCWP: (mmHg) (Pulmonary Capillary Wedge Pressure)
SVR: ((dynes/sec/cm)^5) (Systemic Vascular Resistance)
PA Systolic: (mmHg) (Pulmonary Artery Pressure Systolic)
PA Diastolic: (mmHg) (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

Any Extracorporeal Support Given (ECMO, etc.):

How Long?: If Yes was entered for extracorporeal support given, enter how long (hours) the extracorporeal support was supplied. If unavailable, select the reason from the status (**ST**) drop-down list (**N/A, Not Done, Missing, Unknown**).

Flow Rate: If extracorporeal support was provided, enter the blood flow rate in L/min closest to the time of recovery. If unavailable, select the reason from the status (**ST**) drop-down list (**N/A, Not Done, Missing, Unknown**).

Left Kidney Biopsy: If a biopsy was performed to evaluate organ histology for assessing organ function/quality of the left kidney, select **Yes**. And If there was more than one biopsy, enter the results from the final biopsy result. If no biopsy was performed, select **No**. If a biopsy was performed only for other reasons, for example to evaluate a potentially cancerous lesion, select No. This is a **required** field if the left kidney (or en bloc kidneys) was recovered or transplanted.

Type of biopsy: If a biopsy was performed, select the type of biopsy performed:

Needle

Wedge

Other Specify

Specify: If **Other Specify** is selected, provide the type of biopsy in the text field.

Interstitial Fibrosis: Once the type of biopsy performed is selected, enter the amount of interstitial fibrosis

Absent

Minimal

Mild

Mild-moderate

Severe

Unknown

Vascular Changes: Once the type of biopsy performed is selected, enter the amount of vascular change

Absent

Minimal

Mild

Mild-moderate

Severe

Unknown

Number of Glomeruli Visualized: If the number of the glomeruli was not entered in DonorNet® previously, enter in the number visualized. If unavailable, select the reason from the status (**ST**) drop-down list (**N/A, Not Done, Missing, Unknown**).

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 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 left kidney, select **Yes**. If not, select **No**. If the left kidney (or en bloc kidneys) was recovered or transplanted, this field is **required**.

Type of Left Kidney Pump/Machine: Enter the type of pump/machine used to perfuse the left kidney

ORS: LifePort

Waters: RM3

Waters: Waves

Other specify

If other specify is selected, provide the type of left kidney pump/machine in the text field.

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**).

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 to evaluate organ histology for assessing organ function/quality of the right kidney, select **Yes**. And If there was more than one biopsy, enter the results from the final biopsy result. If no biopsy was performed, select **No**. If a biopsy was performed only for other reasons, for example to evaluate a potentially cancerous lesion, select No. This is a **required** field if the right kidney (or en bloc kidneys) was recovered or transplanted.

Type of biopsy: If a biopsy was performed, select the type of biopsy performed:

Needle

Wedge

Other Specify

Specify: If **Other Specify** is selected, provide the type of biopsy in the text field.

Interstitial Fibrosis: Once the type of biopsy performed is selected, enter the amount of interstitial fibrosis

Absent

Minimal

Mild

Mild-moderate

Severe

Unknown

Vascular Changes: Once the type of biopsy performed is selected, enter the amount of vascular change

Absent

Minimal

Mild

Mild-moderate

Severe

Unknown

Number of Glomeruli Visualized: If the number of the glomeruli was not entered in DonorNet® previously, enter in the number visualized. If unavailable, select the reason from the status (**ST**) drop-down list (**N/A, Not Done, Missing, Unknown**).

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**.

Type of Right Kidney Pump/Machine: Enter the type of pump/machine used to perfuse the left kidney

ORS: LifePort

Waters: RM3

Waters: Waves

Other specify

If other specify is selected, provide the type of left kidney pump/machine in the text field.

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**).

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 to evaluate organ histology for assessing organ function/quality of the liver, select **Yes**. And If there was more than one biopsy, enter the

results from the final biopsy result. If no biopsy was performed, select **No**. If a biopsy was performed only for other reasons, for example to evaluate a potentially cancerous lesion, select No. This is a **required** field.

Type of Liver Biopsy: Enter the type of liver biopsy

Core

Wedge

Other specify

If **Other specify** is selected, provide the type of liver biopsy in the text field.

% 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**).

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 Yesis 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**).

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.

Fibrosis: If **Yes is selected for Liver Biopsy, enter in the appropriate value using the ISHAK scoring system:**

0 = No Fibrosis

1 = Fibrosis expansion of some portal areas, with or without short fibrous septa

2 = Fibrosis expansion of most portal areas, with or without short fibrous septa

3 = Fibrosis expansion of most portal areas, with occasional portal to portal bridging

4 = Fibrosis expansion of portal areas, with marked bridging (portal to portal as well as portal to central)

5 = Marked bridging with occasional nodules (incomplete cirrhosis)

6 = cirrhosis, probable or definite

Portal Infiltrates: If **Yes** is selected for Liver Biopsy, enter in the appropriate value for Portal Infiltrates. Inflammatory infiltrates value should be used versus fat content (steatosis).

0 = None Noted

1 = Mild, some or all portal areas

2 = Moderate, some or all portal areas

3 = Moderate/Marked

4 = Marked, all portal areas

Liver Machine Perfusion: If a liver machine was used for perfusion, select **Yes**. If not, select **No**. This field is **required**.

Type of Liver Machine Perfusion: Enter the type of pump/machine used to perfuse the liver.

Normothermic

Hypothermic

Other Specify

If **Other/Specify** is selected, provide the type of pump/machine in the text field.

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**.

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

Left/Right Lung Machine Perfusion: If a lung machine was used for perfusion, select **Yes**. If not, select **No**. If a lung was recovered or transplanted, this field is **required**.

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

Note: Complete the requested information for each displayed organ type listed.

Organ: Verify the final disposition of the organ.

Consent Not Requested
Consent Not Obtained
Organ Not Recovered
Recovered Not for Tx
Recovered for Tx but Not Tx
Transplanted
N/A

If DCD, Date and time [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
Ejection fraction < 50%
PO_2 < 200 on O_2 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 (valid only for PA and PA segments)
IPDA-SMA junction identified within 5mm from RHA junction (valid only for PA and PA segments)
IPDA originating directly from RHA (valid only for PA and PA segments)
Other anatomical abnormality (valid only for PA and PA segments)
Other, specify

If the organ was recovered but not for transplant use, select the appropriate reason from the drop-down list.

Recovered for Research
Recovered for Heart Valves
Recovered for Extra-corporeal Liver
Recovered only for purpose Hepatocytes
Recovered Organ for Technical Reasons

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 (for UNOS-use only)
Exported, not transplanted or transplant unknown

If the organ was transplanted, select the appropriate reason from the drop-down list.

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 Discarded 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**.

The intent of **Initial, Back Table and Final Flush/Storage** fields is to analyze the effects of a specific composition of preservation solution.

Initial Flush Solution: For each recovered organ, select the flush solution from the drop-down list, used during the recovery procedure. If a solution was used that is equivalent to the solutions in the drop-down list, then select the equivalent solution. 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**.

Initial Flush Solution Volume (mL): If the organ is either a liver or a pancreas and the disposition is recovered for transplant but not transplanted or transplanted, then enter the amount of flush solution used. Initial flush should be the total of the in-situ fluid which equals aortic and portal.

Back Table Flush Solution: For each recovered organ, indicate the back table flush solution used to preserve each organ. If a solution was used that is equivalent to the solutions in the drop-down list, then select the equivalent solution. 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**.

Back Table Flush Solution Volume (mL): If the organ is either a liver or a pancreas and the disposition is recovered for transplant but not transplanted or transplanted, then enter the amount of flush solution used.

Final Flush/Storage Solution: For each recovered organ, indicate the final flush and storage solution used during the recovery procedure. If a solution was used that is equivalent to the solutions in the drop-down list, then select the equivalent solution. 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**.

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.

Were extra vessels used in the transplant 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℠.