

## Living Donor Registration (LDR) Field Descriptions

Living Donor Registration (LDR) records are generated as soon as the transplant center removes the recipient of the living donor transplant from the waiting list or if the living donor organ was aborted. 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 at hospital discharge (if discharged prior to six weeks from recovery date) or at six weeks from recovery date, whichever occurs 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. Select the intended type of transplant graft.

The LDR record must be completed within 90 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.

To correct information that is already displayed in an electronic record, call the UNet<sup>SM</sup> Help Desk at 1-800-978-4334.

Additional Resources: See [History of Definition Changes](#).

### Provider Information

**Recipient Center:** The Recipient Center information reported in the Living Donor Feedback in TIEDI<sup>®</sup> 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 and first name, 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 U.S. residents, complete their Address, Home City, State, Zip Code, and Home and Work Phone numbers. For non-U.S. residents, complete their Address, Home City, and Home and Work Phone numbers.

**Address:** Enter the street address where the donor lived before hospitalization for recovery of this organ. This field is **required**.

**Home City:** Enter the name of the city where the donor lived before hospitalization for recovery of this organ. If the donor is a non-U.S. resident, enter the city and country of residence. This field is **required**.

**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 non-U.S. resident, this field should be left blank.

**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 non-U.S. resident, this field may be left blank.

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

**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 field is **required**.

**Note:** SSN cannot:

Contain 00 in the 4th and 5th place (e.g. XXX-00-XXXX is invalid)

Contain 0000 in the last 4 places (e.g. XXX-XX-0000 is invalid)

Begin with 666

**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 field is **required**.

**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**.

**Marital Status at Time of Donation:** Select the donor's marital status from the drop-down list. This field is **required**.

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

**ABO Blood Group:** The donor's blood type reported in the Living Donor Feedback in TIEDI will display.

**O**  
**A**  
**B**  
**AB**  
**A1**  
**A2**  
**A1B**  
**A2B**

**Donor Type:** Select the relationship of the living donor to the recipient from the drop-down list. This field is **required**.

**Note: Therapeutic organ donor** - An individual who has an organ removed as a component of medical treatment, and who may or may not receive a replacement organ. The organ that was removed can be transplanted into another person. Domino heart and liver donors are considered therapeutic organ donors.

**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: Domino** - occurs when a blood related living donor receives a heart or whole liver transplant, then donates their heart or liver to a blood related heart or whole liver candidate.

**Biological, blood related: Non Domino Therapeutic donor** - occurs when an individual has a kidney removed as a component of medical treatment, but does not receive a replacement kidney.

**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** - The donation and receipt of human kidneys under the following circumstances:

- An individual (the first living donor) desires to make a living donation of a kidney specifically to a particular patient (the first patient), but the first living donor is biologically incompatible as a donor for the first patient.
- A second individual (the second living donor) desires to make a living donation of a kidney specifically to a second particular patient (the second patient), but the second living donor is biologically incompatible as a donor for the second patient.
- The first living donor is biologically compatible as a donor of a kidney for the second patient, and the second living donor is biologically compatible as a donor of a kidney for the first patient. If there is any additional donor-patient pair as described above, each living donor in the group of donor-patient pairs is biologically compatible as a living donor of a kidney for a patient in the group.
- All donors and patients in the group of donor-patient pairs enter into a single agreement to donate and receive the kidneys, respectively, according to biological compatibility within the group.
- Other than described as above, no valuable consideration is knowingly acquired, received, or otherwise transferred for the donation of the kidneys.

**Non-Biological, Unrelated: Non-Directed Donation (Anonymous)** - altruistic donor, stranger, anonymous donor, good Samaritan donor

**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, Unrelated: Non Domino Therapeutic donor** - occurs when an individual has a kidney removed as a component of medical treatment, but does not receive a replacement kidney.

**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.

**Ethnicity/Race:** Select all origins that indicate the donor's ethnicity/race. This field is **required**.

**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 descendants 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, Traveled to U.S. for Reason Other Than Transplant:** A non-citizen of the United States for whom the United States is not the primary place of residence, and who came to the U.S. for a reason other than transplant.

**Non-U.S. Citizen/Non-U.S. Resident, Traveled to U.S. for Transplant:** A non-citizen of the United States for whom the United States is not the primary place of residence, and who came to the U.S. for the purpose of transplant.

**Country of Permanent Residence:** The country where the donor's primary place of residence is located.

**Year of Entry into U.S.:** If the donor is a Non-U.S. Citizen/Non-U.S. Resident, enter the year the donor entered the United States. This field is **required**.

**Highest Education Level:** Select the choice that best describes the living donor's highest level of education. This field is **required**.

**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 field is **required**.

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

**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 field is **required**. ([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:** 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 field is **required**.

**If No, Not Working Due To (check one):** If **No** is selected, select the reason from the drop-down list.

**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**

If **Yes**: If **Yes** is selected, select the donor's working status from the drop-down list.

**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**

## 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 field is required.

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

**HIV Status** (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. Select the result of the test (Positive, Negative, Not Done, UNK/Cannot Disclose).

**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:

**Total:** Select the result of the test (Positive, Negative, Not Done, UNK/Cannot Disclose).

**Note:** CMV total is a combination test. It checks the total result instead of the individual pieces. To further determine whether the IgG or IgM is positive, tests should be run separate.

**IgG:** Select the result of the test (Positive, Negative, Not Done, UNK/Cannot Disclose).

**IgM:** Select the result of the test (Positive, Negative, Not Done, UNK/Cannot Disclose).

**Nucleic Acid Testing:** Select the result of the test (Positive, Negative, Not Done, UNK/Cannot Disclose).

**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:

**DNA (NAT/PCR):** Select the result of the test (Positive, Negative, Not Done, UNK/Cannot Disclose).

**Core Antibody:** Select the result of the test (Positive, Negative, Not Done, UNK/Cannot Disclose).

**Surface Antigen:** Select the result of the test (Positive, Negative, Not Done, UNK/Cannot Disclose).

**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:

**RNA (NAT/PCR):** Select the result of the test (Positive, Negative, Not Done, UNK/Cannot Disclose).

**Antibody:** Select the result of the test (Positive, Negative, Not Done, UNK/Cannot Disclose).

**RIBA:** Select the result of the test (Positive, Negative, Not Done, UNK/Cannot Disclose).

**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 fields.

**Total:** Select the result of the test (Positive, Negative, Not Done, UNK/Cannot Disclose).

**Note:** EBV total is a combination test. It checks the total result instead of the individual pieces. To further determine whether the IgG or IgM is positive, tests should be run separate.

**IgG:** Select the result of the test (Positive, Negative, Not Done, UNK/Cannot Disclose).

**IgM:** Select the result of the test (Positive, Negative, Not Done, UNK/Cannot Disclose).

**Note:** For an equivocal (or indeterminate) result that changes to either positive or negative, change the result to the newer more specific value even though it may be a different test date. For a result that was originally equivocal (or indeterminate) or remains equivocal (or indeterminate) after repeated testing, record as "UNK/cannot disclose".

### 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 field is **required**.

**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 field is **required**.

**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 field is **required**. 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. Cancer-free interval can be entered in portions of a year by entering a decimal. If the number of years is 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 field is **required**.

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 field is **required**.

**Diabetes:** If the donor had diabetes prior to the donation, select **Yes**. If not, select **No**. If unknown, select **UNK**. A patient should *not* be considered as having diabetes based on gestational diabetes only. This field is **required**.

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 liver was recovered from the donor or the procedure was aborted.*



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

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

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

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

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

If **Yes** is selected, **% Macro vesicular 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 vesicular fat:** Enter the percentage of micro 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 kidney was recovered from the donor or the procedure was aborted.*

**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 field is **required**. ([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 what the method of control was by selecting Yes, No or UNK for the following methods.

Diet  
Diuretics  
Other Hypertensive Medication

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

**Preoperative Blood Pressure Systolic**: Enter the living donor's systolic blood pressure value in mm/Hg. If the value is not available, select the reason from the status (ST) drop-down list (**Missing, Unknown, N/A, Not Done**). This field is **required**.

**Preoperative Blood Pressure Diastolic**: Enter the living donor's diastolic blood pressure value in mm/Hg. If the value is not available, select the reason from the status (ST) drop-down list (**Missing, Unknown, N/A, Not Done**). This field is **required**.

**Urinalysis**: Enter the donor's **Urine Protein**. This field is **required**.

Positive  
Negative  
Not Done  
Unknown

OR enter the donor's ratio (GM/GM) in the **Protein - Creatinine Ratio\*** field. If the lab result does not include a specific value, and instead reports a value that is less than the lowest detectable limit, enter 0. Results for an Albumin-Creatinine Ratio or Microalbumin-Creatinine Ratio may be entered in the Protein-Creatinine Ratio field.

*\*If the lab result is not measured in GM/GM, use the appropriate conversion method: 1000 mg = 1gm (example: 114mg/gm = 0.114 gm/gm) for accurate data entry.*

### Pre-Donation Lung Clinical Information

*This section displays if a lung was recovered from the donor or the procedure was aborted.*

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

**Diffusing lung capacity corrected for alveolar volume % predicted:** Enter the % predicted value. This field is **required**. 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](#))

**PaO<sub>2</sub> on room air:** Enter the value for PaO<sub>2</sub> on room air for the donor in mm/Hg. This field is **required**. 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 or the procedure was aborted.*

**Type of Transplant Graft:** Select the type of transplant graft from the drop-down list. If the procedure was aborted and the organ was not recovered, select the intended type. This field is **required**.

- Left Lateral Segment
- Left Lobe without MHV (Middle Hepatic Vein)
- Left Lobe with MHV
- Right Lobe without MHV
- Right Lobe with MHV
- Domino Whole Liver
- Domino Partial Liver

#### Kidney Surgical Information

*This section displays if a kidney was recovered from the donor or the procedure was aborted.*

**Type of Transplant Graft:** The type of transplant will display from the Living Donor Feedback.

- Left Kidney
- Right Kidney
- En-bloc
- Sequential Kidney

**Intended Procedure Type:** Select the procedure type from the drop-down list. This field is **required**.

- Transabdominal
- Flank (retroperitoneal)
- Laparoscopic Not Hand-assisted
- Laparoscopic Hand-assisted
- Natural Orifice

**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 or the procedure was aborted.*

**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 field is **required**. ([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 field is **required**.

**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**  
**Cerebrovascular 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**  
**Other Specify**

#### 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 field is **required**.

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

**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 field is **required**.

**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 field is **required**. 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 (At discharge or 6 weeks, whichever comes first)**

*This section displays if a liver was recovered from the donor or the procedure was aborted.*

**Biliary Complications:** If the donor experienced biliary complications at discharge or 6 weeks, whichever comes first, select **Yes**. If not, select **No**. This field is **required**.

**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 at discharge or 6 weeks, whichever comes first, select **Yes**. If not, select **No**. This field is **required**.

**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 at discharge or 6 weeks, whichever comes first, select **Yes**. If not, select **No**. This field is **required**.

**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 at discharge or 6 weeks, whichever comes first, select **Yes**. If not, select **No**. If unknown, select **UNK**. This field is **required**.

**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 at discharge or 6 weeks, whichever comes first, select **Yes**. If not, select **No**. If unknown, select **UNK**. This field is **required**.

**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.

**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 at discharge or 6 weeks, whichever comes first, select **Yes**. If not, select **No**. If unknown, select **UNK**. This field is **required**.

**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 (At discharge or 6 weeks, whichever comes first)**

*This section displays if a kidney was recovered from the donor or the procedure was aborted.*

**Vascular Complications Requiring Intervention:** If the donor experienced vascular complications requiring intervention at discharge or 6 weeks, whichever comes first, select **Yes**. If not, select **No**. This field is **required**.

**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 at discharge or 6 weeks, whichever comes first, select **Yes**. If not, select **No**. This field is required.

**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 at discharge or 6 weeks, whichever comes first, select **Yes**. If not, select **No**. If unknown, select **UNK**. This field is required.

**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

**Any Readmission After Initial Discharge:** If the donor required any readmission after the initial discharge or 6 weeks, whichever comes first, select **Yes**. If not, select **No**. If unknown, select **UNK**. This field is required.

**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.

**Other Interventional Procedures:** If the donor required other interventional procedures at discharge or 6 weeks, whichever comes first, select **Yes**. If not, select **No**. If unknown, select **UNK**. This field is required.

**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 (At discharge or 6 weeks, whichever comes first)**

*This section displays if a lung was recovered from the donor or the procedure was aborted.*

**Post-operative complications during the initial hospitalization:** If the donor experienced any post-operative complications during the initial hospitalization, select **Yes**. If not, select **No**. This field is required.

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**.

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

Pneumothorax  
Pleural effusion  
Empyema

**Other Specify:** Enter the therapy.

**Any Readmission After Initial Discharge:** If the donor required any readmission after the initial discharge at discharge or 6 weeks, whichever comes first, select **Yes**. If not, select **No**. If unknown, select **UNK**. This field is required.

**If yes, specify reason for readmission (at discharge or six weeks, whichever comes first):** 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 (At discharge or 6 weeks, whichever comes first)**

*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 at discharge or 6 weeks, whichever comes first, using the standard 8-digit numeric format of MM/DD/YYYY. The tests should reflect an individual's clinical characteristics at the time of discharge or six-weeks after the transplant date, whichever is first.

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

**Kidney Post-Operative Clinical Information**

*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 at discharge or 6 weeks, whichever comes first. The tests should reflect an individual's clinical characteristics at the time of discharge or six-weeks after the transplant date, whichever is first. This field is **required**. 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 taken at discharge or 6 weeks, whichever comes first, in the space provided. The tests should reflect an individual's clinical characteristics at the time of discharge or six-weeks after the transplant date, whichever is first. This field is **required**. 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 taken at discharge or 6 weeks, whichever comes first, in the space provided. The tests should reflect an individual's clinical characteristics at the time of discharge or six-weeks after the transplant date, whichever is first. This field is **required**. 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 field is **required**

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 at discharge or 6 weeks, whichever comes first, that required medication, select **Yes**. If not, select **No**. If unknown, select **UNK**. This field is **required**.

**Liver Post-Operative Clinical Information**

*The following questions display for donated liver organs only:*

**Total Bilirubin:** Enter the lab value for total serum bilirubin in mg/dl. This field is **required**. 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 field is **required**. 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 field is **required**. 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 field is **required**. 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 field is **required**. 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 field is **required**. 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 field is **required**.

**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.

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 field is **required**.

**Donor Workup Facility:** This is the name of the center that entered the Living Donor information into UNet<sup>SM</sup>. This cannot be modified.