

## VCA Transplant Candidate Registration (TCR) Record Field Descriptions

The Transplant Candidate Registration (TCR) record is generated when a candidate for transplant is registered on the VCA Candidate Registration Worksheet.

### Provider Information

**Candidate center:** The recipient center information reported on the Candidate Registration Worksheet will be displayed.

### Candidate Information

**Organ registered:** Verify the organ(s) displayed is/are the correct organ(s) listed for this candidate. If the candidate is listed for more than one type of transplant, all organs the candidate is registered for will be displayed.

Upper Limb, Left  
 Upper Limb, Right  
 Lower Limb, Left  
 Lower Limb, Right  
 Craniofacial  
 Abdominal Wall  
 Other, Specify

**Listing date:** The date the candidate was registered for a transplant will be displayed.

**Name:** Verify the last name, first name, and middle initial of the transplant candidate is correct.

**SSN:** Verify the candidate's social security number is correct.

**DOB:** Verify the displayed date is the candidate's date of birth.

**Gender:** Verify the candidate's gender is correct.

**Ethnicity/Race:** Select all origins that indicate the candidate's ethnicity/race.

**American Indian or Alaska Native:** Select for candidates who are of North, South, or Central American descent (e.g. American Indian, Eskimo, Aleutian, Alaska Indian).

**Asian:** Select for candidates who are of Asian descent (e.g. Asian Indian/Indian Sub-Continent, Chinese, Filipino, Japanese, Korean, Vietnamese).

**Black or African American:** Select for candidates of African descent (e.g. African American, African (Continental), West Indian, Haitian).

**Hispanic/Latino:** Select for candidates who are of Central or South American descent (e.g. Mexican, Puerto Rican (Mainland), Puerto Rican (Island), Cuban).

**Native Hawaiian or Other Pacific Islander:** Select for candidates who are descendants of the Native Hawaiian, Guamanian or Chamorro, or Samoan peoples.

**White:** Select for candidates who are of European Descent, Arab or Middle Eastern or North African (non-Black).

### Clinical Information at Registration

**Height at registration:** Enter the height of the candidate at the time of registration, in inches.

**Note:** If applicable, enter the height of the candidate without prosthetics.

**Weight at registration:** Enter the weight of the candidate at the time of registration, in pounds.

**Note:** If applicable, enter the weight of the candidate without prosthetics.

**ABO:** The candidate's blood type will be displayed (**A, A1, A1B, A2, A2B, AB, B, O**). Verify the candidate's blood type is correct.