Kidney Paired Donation Donor Regista Fields to be completed by member

Form Section	Field Label
Add a KPD Donor-Institution	Home transplant center
Add a KPD Donor	Is this a non-directed donor?
Add a KPD Donor	KPD candidate ID
Add a KPD Donor	Donor name
Add a KPD Donor	SSN
Add a KPD Donor	Date of birth
Add a KPD Donor	Donor status
Add KPD Donor (Non-directed)	Home transplant center
Add KPD Donor (Non-directed)	Is this a non-directed donor
Add KPD Donor (Non-directed)	Donor name
Add KPD Donor (Non-directed)	SSN
Add KPD Donor (Non-directed)	Date of birth
Add KPD Donor (Non-directed)	Donor status
Donor Summary Details- Institution	Home transplant center
Donor Summary Details- Demographic Information	Last name
Donor Summary Details- Demographic Information	First name
Donor Summary Details- Demographic Information	Middle initial
Donor Summary Details- Demographic Information	SSN
Donor Summary Details- Demographic Information	Date of birth
Donor Summary Details- Demographic Information	Current age
Donor Summary Details- Demographic Information	Gender
Donor Summary Details- Demographic Information	Center's patient ID
Donor Summary Details- Demographic Information	State of permanent residence
Donor Summary Details- Demographic Information	Permanent zip code
Donor Summary Details- Demographic Information Donor Summary Details-Clinical	Ethnicity/race ABO
Information Donor Summary Details-Clinical	
Information Donor Summary Details-Clinical	Height Weight
Information Donor Summary Details-Clinical	BMI
Information Donor Summary Details-KPD	Is this a non-directed donor?
Information Donor Summary Details-KPD	Intended KPD Candidate ID
Information Donor Summary Details-KPD	Candidate name
Information Donor Summary Details-KPD	Donor's relationship to candidate
Information Donor Summary Details-KPD	Are you willing to start a chain that
Information Donor Summary Details-KPD	continues with a bridge donor? Does the donor have health insurance?
Information Donor Summary Details-KPD	Has the donor signed the Agreement to
Information	participate in the KPD Pilot Program?
Donor Summary Details-KPD Information	Has the donor signed a HIPAA form so that medical information may be shared?
Donor Summary Details-KPD Information	Has the donor signed a living donor consent form as outlined in the KPD Operational Guidelines?

Has the donor undergone an evaluation as outlined in the KPD Operational Guidelines?
Has the donor had all age appropriate cancer screenings as defined by the American Cancer Society?
KPD status
Inactive reason
Other, specify
Specify
Removal reason
Comments
Home transplant center
History of diabetes
History of cancer
Specify
History of hypertension
Compliant with treatment
Number of medications for
hypertension that the donor is on
Please indicate the type of anti- hypertension medication and dosage
Please indicate how long the donor has been on medication for hypertension
History of coronary artery disease (CAD)
Previous gastrointestinal disease
Cigarette use (>20 pack years) ever
Cigarette use continued in last 6 months
Heavy alcohol use (2+ drinks/day)
I.V. drug usage
According to the OPTN policy currently in effect, does the donor have risk factors for blood-borne disease transmission?
Abdominal trauma/surgery
Number of arteries
Number of veins
Ureter
Comments
Home transplant center
Was 24-hour blood pressure monitor used?
Blood pressure systolic (average of 24- hour period)
Blood pressure diastolic (average of 24- hour period)
Blood pressure date start (start of 24- hour period)
Blood pressure systolic 1
Blood pressure diastolic 1
Blood pressure date 1
Blood pressure date 1 Blood pressure systolic 2
Blood pressure date 1

Vital Signs-Vital Signs	Was a stress test performed?
Vital Signs-Comments	Comments
Labs-Institution	Home transplant center
Labs-Kidney Function	Date
Labs-Kidney Function	Creatinine clearance (24 hours urine collection) (mL/min)
Labs-Kidney Function	Date
Labs-Kidney Function	GFR (isotopic method) (mL/min/1.73m2)
Labs-Lab Values	HbA1c (%)
Labs-Lab Values	Oral glucose tolerance test (OGTT)
Labs-Lab Values	Method
Labs-Lab Values	Date
Labs-Lab Values	Microalbumin
Labs-Lab Values Labs-Lab Values	Urine protein-to-creatinine ratio
Labs-Urinalysis	24 hour urine protein Date
Labs-Urinalysis	Color
Labs-Urinalysis	Appearance
Labs-Urinalysis	pH
Labs-Urinalysis	Specific gravity
Labs-Urinalysis	Protein
Labs-Urinalysis	Glucose
Labs-Urinalysis	Blood
Labs-Urinalysis Labs-Urinalysis	RBC WBC
Labs-Urinalysis	Epith (%)
Labs-Urinalysis	Casts
Labs-Urinalysis	Bacteria
Labs-Urinalysis	Leukocyte esterase
Labs-Lab Panel	Date
Labs-Lab Panel	Na (mEq/L)
Labs-Lab Panel	K+ (mmol/L)
Labs-Lab Panel	Cl (mmol/L)
Labs-Lab Panel	CO_2 (mmol/L)
Labs-Lab Panel Labs-Lab Panel	BUN (mg/dL) Creatinine (mg/dL)
Labs-Lab Panel	Glucose (mg/dL)
Labs-Lab Panel	Total bilirubin (mg/dL)
Labs-Lab Panel	Direct bilirubin (mg/dL)
Labs-Lab Panel	Indirect bilirubin (mg/dL)
Labs-Lab Panel	SGOT AST (u/L)
Labs-Lab Panel	SGPT ALT (u/L)
Labs-Lab Panel	Alkaline phosphatase (u/L)
Labs-Lab Panel	GGT (u/L)
Labs-Lab Panel Labs-Lab Panel	LDH (u/L) Albumin (g/dL)
Labs-Lab Panel	Total protein (g/dL)
Labs-Lab Panel	Prothrombin (PT) (seconds)
Labs-Lab Panel	INR
Labs-Lab Panel	PTT (seconds)
Labs-Lab Panel	Serum amylase (u/L)
Labs-Lab Panel	Serum lipase (u/L)
Labs-Complete Blood Count (CBC)	Date
Labs-Complete Blood Count (CBC)	WBC (thous/mcL)
Labs-Complete Blood Count (CBC)	RBC (mill/mcL)
Labs-Complete Blood Count (CBC)	HgB (g/dL)
Labs-Complete Blood Count (CBC)	Hct (%)
Labs-Complete Blood Count (CBC)	Plt (thous/mcL)
Labs-Complete Blood Count (CBC)	Bands (%)
Labs-Comments	Comments
Serologies	Anti-CMV
Serologies	EBV (VCA) (IgG)
Serologies	HBsAg

Serologies	Anti-HBcAb
Serologies	HBsAb
Serologies	Anti-HCV
Serologies	Anti-HIV I/II
Serologies	Anti-HTLV I/II
Serologies	RPR/VDRL
Serologies	EBNA
Serologies	EBV (VCA) (IgM)
Serologies-Comments	Comments
Tests and Attachments Tests and Attachments-Add New Tests or Attachments	Please select test or attachment Test type
Tests and Attachments-Add New Tests or Attachments	Diagnostic evaluation/comments
Tests and Attachments-Add New Tests or Attachments	Attach medical image
Tests and Attachments-Add New Tests or Attachments	Description
Tests and Attachments-Add New Tests or Attachments	Select file
Tests and Attachments-Add New Tests or Attachments (Attachments)	Please select test or attachment
Tests and Attachments-Add New Tests or Attachments (Attachments)	Description
Tests and Attachments-Add New Tests or Attachments (Attachments)	Select File
Tests and Attachments-Delete Attachments	Reason deleted
HLA-Institution	Home transplant center
HLA-HLA Class I	A
HLA-HLA Class I	A
HLA-HLA Class I	B
HLA-HLA Class I	B
HLA-HLA Class I	BW4
HLA-HLA Class I	BW6
HLA-HLA Class I	C
HLA-HLA Class I	C
HLA-HLA Class II HLA-HLA Class II	DR DR
HLA-HLA Class II	DR DR51
HLA-HLA Class II	DR51 DR51
HLA-HLA Class II	
HLA-HLA Class II HLA-HLA Class II	DR52
HLA-HLA Class II HLA-HLA Class II	DR52 DR53
HLA-HLA Class II	DR53
HLA-HLA Class II	DQB1
HLA-HLA Class II	DQB1
HLA-HLA Class II HLA-HLA Class II	DQB1 DQA1
HLA-HLA Class II	DQA1 DQA1
HLA-HLA Class II	DPB1
HLA-HLA Class II	DPB1
HLA-Comments	Comments
Donor Choices-Institution	Home transplant center
Donor Choices-KPD Donor Choices	Donor willing to travel?
Donor Choices-KPD Donor Choices	If Yes, to which center(s) is the donor willing to travel?
Donor Choices-KPD Donor Choices	Is the donor willing to have his or her kidney shipped?
Donor Choices-KPD Donor Choices	This donor can ONLY donate his or her following kidney
Donor Choices-KPD Donor Choices	Pair and center willing to participate in a 3-way match?
Donor Choices-KPD Donor Choices	Pair and center willing to participate in a chain (not as a bridge donor)?
Donor Choices-KPD Donor Choices	If matched with an opportunity to be a bridge donor, does the donor consent and the center agree to continue the chain as a bridge donor?

Verify Donor ABO Subtype- Institution	Home transplant center
Verify Donor ABO-Donor Information	Last name
Verify Donor ABO-Donor Information	First name
Verify Donor ABO-Donor Information	Middle initial
Verify Donor ABO-Donor Information	ABO
Verify Donor ABO-Donor Information	Age
Verify Donor ABO-Donor Information	Gender
Verify Donor ABO-Donor Information	First user ABO entry
Verify Donor ABO Subtype- Institution	Home transplant center
Verify Donor ABO Subtype- Donor Information	Last name
Verify Donor ABO Subtype- Donor Information	First name
Verify Donor ABO Subtype- Donor Information	Middle initial
Verify Donor ABO Subtype- Donor Information	АВО
Verify Donor ABO Subtype- Donor Information	Age
Verify Donor ABO Subtype- Donor Information	Gender
Verify Donor ABO Subtype- Donor Information	First ABO subtype user
Manage Bridge Donors-Pending Bridge Donors	Select home transplant center
Manage Bridge Donors-Pending Bridge Donors	KPD donor ID
Manage Bridge Donors-Pending Bridge Donors	Donor name
Manage Bridge Donors-Pending Bridge Donors	Match run date donor became a bridge donor
Manage Bridge Donors-Pending Bridge Donors	Bridge donor on hold
Manage Bridge Donors-Pending Bridge Donors	Access bridge donor record
Manage Bridge Donors-Pending Bridge Donors	Exchange number
Manage Bridge Donor Record	Home transplant center
Manage Bridge Donor Record	KPD donor ID
Manage Bridge Donor Record	Donor name
Manage Bridge Donor Record	Bridge donor status
Manage Bridge Donor Record	Bridge donor status date
Manage Bridge Donor Record	Bridge donor on hold
Manage Bridge Donor Record	KPD donor status
Manage Bridge Donor Record	Match run date donor became a bridge donor
Manage Bridge Donor Record	Exchange number
Manage Bridge Donor Record-	Bridge donor status declined to donate
Bridge donor status: Declined to donate reason	reasons
Manage Bridge Donor Record- Bridge donor status: Declined to donate reason	Life circumstances have changed
Manage Bridge Donor Record- Bridge donor status: Declined to donate reason	Medical condition has changed
Manage Bridge Donor Record- Bridge donor status: Declined to	Other reasons
donate reason	

OMB No. 0915-0157 Expiration Date: XX/XX/20XX

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PUBLIC BURDEN STATEMENT: The private, non-profit Organ Procurement and Transplantation Network (OPTN) c the following OPTN functions: to assess whether applicants meet OPTN Bylaw requ to monitor compliance of member organizations with OPTN Obligations. An agency not required to respond to, a collection of information unless it displays a currenthy control number for this information collection is 0915-0157 and it is valid until XX/; required to obtain or retain a benefit per 42 CFR §121.11(b)(2). All data collected w (Privacy Act System of Records #09-15-0055). Data collected by the private non-pru number of the Contractor's security features. The Contractor's security system me prescribed by OMB Circular A-130, Appendix III, Security of Federal Automated Information Systems Security Program Handbook. The public reporting estimated to average 0.7 hours per response, including the time for reviewing insti completing and reviewing the collection of information. Send comments regarding this collection of information, including suggestions for reducing this burden, to HR Lane, Room 14N136B, Rockville, Maryland, 20857 or paperwork@hrsa.gov.

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Notes
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If YES is entered for Was 24-hour blood pressure monitor used

If YES is entered for Was 24-hour blood pressure monitor used

If YES is entered for Was 24-hour blood pressure monitor used

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All fields in the Attachments table are
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