Kidney Paired Donation Candidate Reg Fields to be completed by membe

Form Section	Field Label	
Add a KPD Candidate	Institution: Home transplant center	
Add a KPD Candidate Add a KPD Candidate	SSN Date of birth	
	Date of birth	
Add a KPD Candidate	Waitlist ID	
Candidate Summary Details Institution	Home transplant center	
Candidate Summary Details Demographic Information	Last name	
Candidate Summary Details Demographic Information	First name	
Candidate Summary Details Demographic Information	Middle initial	
Candidate Summary Details Demographic Information Candidate Summary Details	SSN Date of birth	
Candidate Summary Details Demographic Information Candidate Summary Details	Current age	
Candidate Summary Details	Gender	
Candidate Summary Details Demographic Information Candidate Summary Details	Center's patient ID	
Candidate Summary Details Demographic Information Candidate Summary Details	State of permanent residence	
Demographic Information Candidate Summary Details	Permanent zip code	
Demographic Information	r ermanent zip code	
Candidate Summary Details Demographic Information	Ethnicity	
Candidate Summary Details Demographic Information	Race	
Candidate Details Clinical Information	АВО	
Candidate Details Clinical Information	Height	
Candidate Details Clinical Information	Weight	
Candidate Details Clinical Information	BMI	
Candidate Details Clinical Information	CPRA	
Candidate Details Clinical Information	Is candidate currently on dialysis?	
Candidate Details Clinical Information	Dialysis date	
Candidate Details KPD Information	Has the candidate signed the Agreemen to participate in the KPD Pilot Program?	
Candidate Details KPD Information	Has the candidate signed to release protected health information so that medical information may be shared with other transplant hospitals?	
Candidate Details KPD Information	Is the candidate a prior living donor?	
Candidate Details KPD Information	KPD waiting time start date	
Candidate Details KPD Information	Is the candidate considered a pediatric candidate in the KPD system?	

Candidate Details KPD Information		
	Orphaned candidate	
Candidate Details KPD Information	KPD status	
Candidate Details KPD Information	Inactive reason	
Candidate Details KPD Information	Other, Specify	
Candidate Details KPD Information	Removal reason	
Candidate Details KPD Information	Other, Specify	
Candidate Details Comments	Comments	
Candidate Choices Institution	Home transplant center	
Candidate Choices KPD Candidate Choices		
Candidate Choices KPD Candidate Choices	If so, to which center(s) is the candidate willing to travel?	
Candidate Choices KPD Candidate Choices	Would candidate be willing to travel further if funding were provided?	
Candidate Choices KPD Candidate Choices	Will candidate accept a shipped kidney?	
Candidate Choices KPD Candidate Choices	If yes, from which centers is the candidate willing to accept a shipped kidney?	
Candidate Choices KPD Candidate Choices	Minimum acceptable donor age	
Candidate Choices KPD Candidate Choices	Maximum acceptable donor age	
Candidate Choices KPD Candidate Choices	Minimum acceptable donor BMI	
Candidate Choices KPD Candidate Choices	Minimum acceptable donor creatinine clearance (24-hour urine collection) or donor GFR (isotopic method)	
Candidate Choices KPD Candidate Choices	Maximum acceptable donor blood pressure – systolic (average)	
Candidate Choices KPD Candidate Choices	Maximum acceptable donor blood pressure - diastolic (average)	
Candidate Choices KPD Candidate Choices	Candidate willing to accept a donor who is Hep B core antibody positive?* *Assumes donor is Hep B surface antigen negative	
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HLA and Unacceptables Class II HLA and Unacceptables Class II	DPA1 DPA1
HLA and Unacceptables Testing and Review of Unacceptables	Tested for anti HLA antibodies
HLA and Unacceptables Testing and Review of Unacceptables	If yes, most recent antibody test date
HLA and Unacceptables Testing and Review of Unacceptables	Prior to a candidate appearing on their first match run, all unacceptable antigens in KPD must be reviewed. Have all the candidate's unacceptable antigens been reviewed?
HLA and Unacceptables Unacceptable Antigens	CPRA value used for allocation per OPTN policy
HLA and Unacceptables Unacceptable Antigens	Detailed CPRA value
HLA and Unacceptables Unacceptable Antigens	Select all A unacceptable antigens
HLA and Unacceptables Unacceptable Antigens	Select all B unacceptable antigens
HLA and Unacceptables Unacceptable Antigens	Select BW unacceptable antigens
HLA and Unacceptables Unacceptable Antigens	Select all C unacceptable antigens
HLA and Unacceptables Unacceptable Antigens	Select all DR unacceptable antigens
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Unacceptable Antigens HLA and Unacceptables	Select all DR 53 unacceptable antigens
Unacceptable Antigens HLA and Unacceptables	Select all DQB1 unacceptable antigens
Unacceptable Antigens HLA and Unacceptables	Select all DQA1 unacceptable antigens
Unacceptable Antigens HLA and Unacceptables Unacceptable Antigens	Select all DPB1 unacceptable antigens
HLA and Unacceptables Unacceptable Antigens	Select all DPB1 unacceptable epitopes
HLA and Unacceptables Unacceptable Antigens	Select all DPA1 unacceptable antigens
	Select all A other antibody specificities
	Select all B other antibody specificities
	Select BW other antibody specificities
HLA and Unacceptables All Other Antibody Specificities	Select all C other antibody specificities
HLA and Unacceptables All Other	
HLA and Unacceptables All Other Antibody Specificities	Select all DR 51 other antibody specificities
HLA and Unacceptables All Other Antibody Specificities	Select all DR 52 unacceptable antigens
HLA and Unacceptables All Other Antibody Specificities	Select all DR 53 unacceptable antigens
HLA and Unacceptables All Other Antibody Specificities	Select all DQB1 other antibody specificities
HLA and Unacceptables All Other Antibody Specificities	Select all DQA1 other antibody specificities
HLA and Unacceptables All Other Antibody Specificities	Select all DPB1 other antibody specificities
HLA and Unacceptables All Other Antibody Specificities	Select all DPB1 other epitope specificities
HLA and Unacceptables All Other Antibody Specificities	Select all DPA1 other antibody specificities
Titers Institution Titers-Titer Information	Home transplant center If the candidate is B, is the candidate willing to accept an A2 or A2B donor?

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

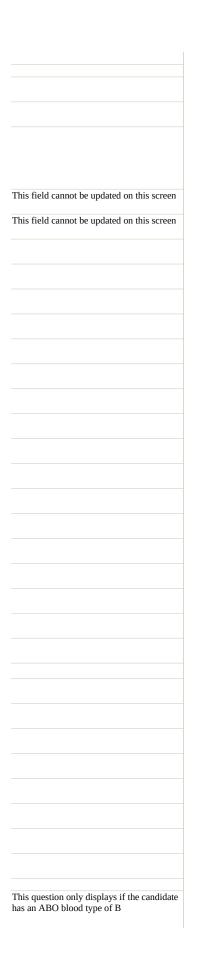
PUBLIC BURDEN STATEMENT:

PUBLIC BURDEN STATEMENT: The private, non-profit Organ Procurement and Transplantation Network (OPTN) c following OPTN functions: to assess whether applicants meet OPTN Bylaw requirer monitor compliance of member organizations with OPTN Obligations. An agency m required to respond to, a collection of information unless it displays a currently val number for this information collection is 0915-0157 and it is valid until XX/XX/2022 obtain or retain a benefit per 42 CFR §121.11(b)(2). All data collected will be subjec of Records #09-15-0055). Data collected by the private non-profit OPTN also are w security features. The Contractor's security system meets or exceeds the requirem Appendix III, Security of Federal Automated Information Systems, and the Departm Program Handbook. The public reporting burden for this collection of information i response, including the time for reviewing instructions, searching existing data sou collection of information. Send comments regarding this burden estimate or any o including suggestions for reducing this burden, to HRSA Reports Clearance Officer, Maryland, 20857 or paperwork@hrsa.gov.

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Notes
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