# Potential Transplant Recipient (PTR)

Organ offer responses for potential transplant recipients are entered on matches by either the transplant center or OPOs. This information includes whether the organ was accepted or the offer was refused and the primary reason that the organ offer was refused by the center. Transplant centers evaluate the donor organ information and can respond to the offer at the individual candidate level or enter a response for multiple candidates at once. The OPOs can enter responses to organ offers on behalf of transplant centers.

## Match Results

**Transplant center contacted?:** Indicate if the transplant center was contacted.

**Yes, response received**

**Yes, notified of offer**

**No, bypassed**

**Contact last name:** If the transplant center was contacted, enter the last name of the person you spoke with at the transplant center. This field is **required**.

**Contact first name:** If the transplant center was contacted, enter the first name of the person you spoke with at the transplant center.

**Respond date:** If the transplant center was contacted, enter the date the transplant center responded to the offer. This field is **required**.

**Respond Time:** If the transplant center was contacted, enter the time the transplant center responded to the offer.

**Respond time zone:** If the transplant center was contacted, the time zone drop-down will be auto-filled with the time zone of the device.

**Offer response:** Enter the response to the organ offer. If **Accept** is selected, indicate what organ/segment was placed. If **Refuse** is selected, enter the refusal codes. This field is **required**.

**Accept**

**Refuse**

**Provisional Yes**

**Primary refusal reason:** Select the primary reason for refusal from the dropdown menu. This field is **required**.

**Primary specify:** If a code with a “specify” option is selected, enter the information here.

**Secondary refusal reason:** Select the secondary reason for refusal from the dropdown menu. The secondary refusal code cannot be the same as the primary refusal code.

**Secondary specify:** If a code with a “specify” option is selected, enter the information here.

If the organ was accepted, complete the following fields, as applicable.

**Lungs placed:**

**None**

**Both**

**Left**

**Right**

**Segments placed:**

**None**

**Both**

**Left**

**Right**

**Liver placed:**

**Whole**

**Segment**

**Pancreas placed:**

**None**

**Whole**

**Islet**

**Kidney placed:**

**None**

**Both**

**Left**

**Right**

**Intestine placed:**

**Whole**

**Segment**

**Abdominal wall placed:** No selection required.

**External male genitalia placed:**

**Penis**

**Scrotum**

**Head and neck placed:**

**Face**

**Larynx**

**Scalp**

**Trachea**

**Vascularized parathyroid gland**

**Vascularized thyroid**

**Lower limb placed:**

**Unilateral: left**

**Unilateral: right**

**Bilateral**

**Musculoskeletal composite graft segment placed:**

**Chest wall**

**Spine axis**

**Composite graft of vascularized muscle, bone, nerve, or skin**

**Other genitourinary organ placed:**

**Internal male genitalia**

**External and internal female genitalia (other than uterus, cervix, and vagina)**

**Urinary bladder**

**Spleen placed:** No selection required.

**Upper limb placed:**

**Unilateral: left**

**Unilateral: right**

**Bilateral**

**Uterus placed:**

**Uterus**

**Cervix**

**Vagina**

**Vascularized gland placed:**

**Vascularized adrenal**

**Vascularized thymus**

**Comments:** Enter any comments.

## Verify Organ Offer Info – Update Offer

**Primary TXC refusal code:** Select the primary reason for refusal from the dropdown menu.

**Primary refusal code – specify other:** If a code with a “specify” option is selected, enter the information here.

**Secondary TXC refusal code:** Select the secondary reason for refusal from the dropdown menu. The secondary refusal code cannot be the same as the primary refusal code.

**Secondary refusal code – specify other:** If a code with a “specify” option is selected, enter the information here.