Kidney Paired Donation Donor Registration

Add a KPD Donor

Institution

Home transplant center: Center code and center name. This field is **required**.

Add a KPD Donor

Is this a non-directed donor?: This is a **required** field.

Yes
No

KPD candidate ID: Unique numeric value assigned by system when candidate is entered into KPD. This field is **required** if non-directed donor is set to No.

Donor name: Donor's last name, first name, and middle initial (if applicable). This field is **required.**

SSN: Donor's social security number**.** Numeric format XXXXXXXXX. This field is **required.**

Date of birth: Donor's date of birth. MM/DD/YYYY format. This field is **required.**

Donor status: This field is **required.**

Active
Inactive

Add KPD Donor (Non-directed)

Home transplant center: Transplant center code and center name. This field is **required.**

Is this a non-directed donor?: This field is **required**.

Yes
No

Donor name: Donor's last name, first name, and middle initial (if applicable). This field is **required.**

SSN: Donor's Social Security Number. Numeric format XXXXXXXXX. This field is **required.**

Date of birth: Donor's date of birth in MM/DD/YYYY format. This field is **required.**

Donor status: (Values: Active, Inactive). This field is **required**.

Active
Inactive

Donor Summary Details – Demographic Information

Last name: The KPD donor's last name. Alphanumeric. This field is **required** for eligibility on the match run.

First name: The KPD donor's first name. Alphanumeric. This field is **required** for eligibility on the match run.

Middle initial: The KPD donor's middle initial (if applicable).

SSN: The KPD donor's social security number. Numeric format XXXXXXXXX. This field is **required**.

Date of birth: The KPD donor's date of birth in MM/DD/YYYY format. This field is **required**.

Current age: The KPD donor's current age. The KPD donor's current age is calculated based on the date of birth and today's date. This field cannot be updated on this page.

Birth Sex: KPD donor Birth Sex. This field is **required** for eligibility on the match run.

Male
Female

Center's patient ID: KPD donor's patient ID.

State of permanent residence: KPD donor's state of permanent residence.

Permanent zip code: Permanent zip code in which the KPD donor lives. Numeric format - XXXXX or XXXXX-XXXX.

Ethnicity: The Revisions to the Standards for the Classification of Federal Data on Race and Ethnicity (Office of Management and Budget (OMB) Statistical Policy Directive No. 15) define the minimum standards for collecting and presenting data on race and ethnicity for all Federal reporting. The OPTN collection of ethnicity is aligned to this standard.

OMB defines ethnicity to be whether or not a person self-identifies as Hispanic or Latino. For this reason, ethnicity is broken out into two categories, (1) Hispanic or Latino or (2) Not Hispanic or Latino. Select one ethnicity category or select 'Ethnicity Not Reported' if a category was not self-identified by the person.

This field is **required**.

Hispanic or Latino – A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.

Not Hispanic or Latino

Ethnicity Not Reported – Select if person did not self-identify an ethnicity category.

Race: The Revisions to the Standards for the Classification of Federal Data on Race and Ethnicity (Office of Management and Budget (OMB) Statistical Policy Directive No. 15) define the minimum standards for collecting and presenting data on race and ethnicity for all Federal reporting. The OPTN collection of race is aligned to this standard. OMB defines race as a person's self-identification with one or more social groups.

An individual can select one or more race categories (1) White, (2) Black or African American, (3) Asian, (4) American Indian or Alaska Native, (5) Native Hawaiian or Other Pacific Islander, or Race Not Reported.

This field is **required**.

Select one or more race sub-categories or origins. Select 'Other Origin' if origin is not listed. Select 'Origin Not Reported' if the origin was not self-identified by the person.

White – A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.

European Descent
Arab or Middle Eastern
North African (non-Black)
Other Origin
Origin Not Reported

Black or African American – A person having origins in any of the Black racial groups of Africa.

African American
African (Continental)
West Indian
Haitian
Other Origin
Origin Not Reported

American Indian or Alaska Native – A person having origins in any of the original peoples of North and South America (including Central America) and who maintains tribal affiliation or community attachment.

American Indian
Eskimo
Aleutian
Alaska Indian
Other Origin
Origin Not Reported

Asian – A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.

Asian Indian/Indian Sub-Continent
Chinese
Filipino
Japanese
Korean
Vietnamese

Other Origin
Origin Not Reported

Native Hawaiian or Other Pacific Islander – A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.

Native Hawaiian
Guamanian or Chamorro
Samoan
Other Origin
Origin Not Reported

Race Not Reported – Select if person did not self-identify a race category or origin.

Donor Summary Details – Clinical Information

ABO: KPD Donor ABO. This field is **required** for eligibility on the match run. Once the ABO has been verified by a second user, this field cannot be updated.

O
A
A1
A2
B
AB
A1B
A2B

Note: If the second user only verifies the "primary" blood type, the sub-types can be updated. Once the subtypes have been entered and verified, the ABO blood type can no longer be updated.

Height: KPD donor height. Format entered in feet and inches. This field is **required** for eligibility on the match run. The height also displays in centimeters.

Weight: KPD donor's weight in kilograms. This field is **required** for eligibility on the match run. The weight also displays in pounds.

BMI: Body Mass Index is a measure that adjusts body weight for height. The BMI is calculated by the system based on the ratio of the weight of the body in kilograms to the square of its height in meters. This field cannot be updated.

Donor Summary Details – KPD Information

Is this a non-directed donor?: This field is **required.**

Yes
No

Intended KPD Candidate ID: This field is required if the non-directed donor field is set to No.

Candidate name: KPD paired candidate name from candidate record. This field is read-only and only displays if the donor is a non-directed donor.

Donor's relationship to candidate: This field is **required.**

Biological, blood-related parent
Biological, blood-related child
Biological, blood-related identical twin
Biological, blood-related full sibling
Biological, blood-related half sibling
Biological, blood-related other relative: specify
Non Biol., spouse
Non Biol., life partner
Non Biol., socially related: specify
Non Biol., Other unrel. direct donation: specify

Are you willing to start a chain that continues with a bridge donor?: This field is **required** for eligibility on the match run.

Yes
No

Does the donor have health insurance?:

Yes
No
Unknown

Has the donor signed the Agreement to participate in the KPD Pilot Program?: This field is **required** for eligibility on the match run.

Yes
No

Has the donor signed a HIPAA form so that medical information may be shared?: This field is **required** for eligibility on the match run.

Yes
No

Has the donor signed a living donor consent form as outlined in the KPD Operational Guidelines?: This field is **required** for eligibility on the match run.

Yes
No

Has the donor undergone all initial evaluation as required in Policy?: This field is **required** for eligibility on the match run.

Yes
No

Has the donor had all initial cancer screenings as required in Policy?: This field is **required** for eligibility on the match run.

Yes
No

Donor re-evaluation completed and the necessary changes were reported in the system as of: Enter the date in MM/DD/YYYY format. This field is **required** for eligibility on the match run.

KPD status: This field is **required**.

Active
Inactive
Removed

Inactive reason: If KPD status is set to Inactive, the Inactive reason is required.

List of inactive reasons:

Temporarily Ineligibility: Donor currently ineligible for OPTN KPD Pilot Program (e.g. incomplete data, incomplete work-up, etc.)

Candidate Inactive: Donor is temporarily inactive because candidate is temporarily inactive

Medical Non-Compliance: Donor temporarily inactive due to medical non-compliance

Donor Choice: Donor temporarily inactive due to donor choice

Insurance Issues: Donor temporarily inactive due to insurance issues

Operational Issues: Donor temporarily inactive due to operational issues (e.g. physician/surgeon unavailable, heavy workload at centers, etc.)

Temporarily medically unsuitable: Donor temporarily inactive because of temporary medical ineligibility (e.g. illness, pregnancy)

Transplant Pending: OPTN KPD Pilot Program exchange pending

Transplant Pending: Other KPD program exchange pending

Transplant Pending: Non-KPD transplant pending

Limit on number of donors associated with a candidate: Donor temporarily inactive because two other donors associated with the candidate are active

Bridge donor on hold from participating in match runs

Other, specify

Specify: If the Inactive reason is set to Other, the Specify field is **required**.

Removal reason: If the KPD status is set to Removed, the Removal reason field is **required.**

List of inactive reasons:

Removed: Donor chose to withdraw from OPTN KPD Pilot Program

Removed: Donor removed because paired candidate removed from OPTN Pilot Program

Removed: Donor unable to complete work-up

Removed: Donor not suitable according to program criteria

Removed: Donor too sick

Removed: Donor expired

Transplant: Donated through OPTN KPD Pilot Program

Transplant: Donated through other KPD program

Transplant: Non-KPD donation

Other, Specify

Specify: If the Removal reason is set to Other, the Specify field is **required**.

Medical and Social History

Home transplant center: The center code for the home transplant center. This field cannot be updated on this page.

History of diabetes:

No
Yes 0-5 years
Yes 6-10 years
Yes > 10 years
Yes Duration Unknown
Unknown

History of cancer:

No
Skin-squamous, basal cell
Skin-Melanoma
CNS tumor- Astrocytoma
CNS tumor- Glioblastoma multiforme
CNS tumor – Medullablastoma
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 (including bronchial)
Leukemia/Lymphoma
Unknown
Other, specify

Specify: Enter the specific type of cancer. If History of cancer field is set to Other, this field is **required**. Valid range: 1–100 alphanumeric characters.

History of hypertension:

No
Yes 0-5 years
Yes 6-10 years
Yes > 10 years
Yes Duration Unknown
Unknown

Compliant with treatment:

Yes
No
Unknown

Number of medications for hypertension that the donor is on: This field is **required** for eligibility on the match.

0
1
2
3
4+

Please indicate the type of anti-hypertension medication and dosage: Alphanumeric. This

field is **required** if the number of medications for hypertension is set to 1, 2, 3 or 4+.

Please indicate how long the donor has been on medication for hypertension:
Alphanumeric. This field is **required** if the number of medications for hypertension is set to 1, 2, 3, or 4+.

History of coronary artery disease (CAD):

Yes
No
Unknown

Previous gastrointestinal disease:

Yes
No
Unknown

Cigarette use (>20 pack years) ever:

Yes
No
Unknown

Cigarette use continued in last 6 months:

Yes
No
Unknown

Heavy alcohol use (2+ drinks/day):

Yes
No
Unknown

I.V. drug usage:

Yes
No
Unknown

According to the OPTN policy currently in effect, does the donor have risk factors for blood-borne disease transmission?:

Yes
No
Unknown

Abdominal trauma/surgery:

Yes
No

Unknown

Number of arteries: Enter the number of arteries (value must be between 1–9).

Number of veins: Enter the number of veins (values must be between 1–9).

Ureter:

Single
Double
Triple
Unknown

Vital Signs

Home transplant center: The center code for the home transplant center. This field cannot be updated on this page.

Was 24-hour blood pressure monitor used?: This field is **required** for eligibility on the match run.

Yes
No

If Yes is entered for Was 24-hour blood pressure monitor used?, the following fields are **required**:

Blood pressure systolic (average of 24-hour period): Whole number between 0 and 300. This field is **required** for eligibility on the match run.

Blood pressure diastolic (average of 24-hour period): Whole number between 0 and 200. This field is **required** for eligibility on the match run.

Blood pressure date start (start of 24-hour period): Date when the 24-hour period began. MM/DD/YYYY format. This field is **required** for eligibility on the match run.

If No is entered for Was 24-hour blood pressure monitor used?, The following fields are **required**:

Blood pressure systolic 1: Whole number between 0 and 300. This field is **required** for eligibility on the match run.

Blood pressure diastolic 1: Whole number between 0 and 200. This field is **required** for eligibility on the match run.

Blood pressure date 1: Date when the blood pressure was taken. Format: MM/DD/YYYY. This field is **required** for eligibility on the match run.

Blood pressure systolic 2: Whole number between 0 and 300. This field is **required** for eligibility on the match run.

Blood pressure diastolic 2: Whole number between 0 and 200. This field is **required** for eligibility on the match run.

Blood pressure date 2: Date when the blood pressure was taken. MM/DD/YYYY format. This field is **required** for eligibility on the match run.

Was a stress test performed?:

Yes
No
Unknown

Kidney Function

Enter either the donor's GFR or Creatinine Clearance value.

Date: MM/DD/YYYY format. This field is **required** for eligibility on the match run.

Creatinine clearance (24 hours urine collection) (mL/min): Whole number between 50 and 200. This field is **required** for eligibility on the match run.

Date: Date in MM/DD/YYYY format. This field is **required** for eligibility on the match run.

GFR (isotopic method) (mL/min/1.73m2): Whole number. This field is **required** for eligibility on the match run.

Labs – Lab Values

HbA1c (%): Number between 2 and 15 and its corresponding date in MM/DD/YYYY format.

Oral glucose tolerance test (OGTT): Whole number between 5 and 500.

Method: Method by which the OGTT was administered.

Fasting
1-hour
2-hour

Date: Oral glucose tolerance test date in MM/DD/YYYY format.

Microalbumin: Number between 15 and 300 and corresponding date in M/DD/YYYY format.

Urine protein-to-creatinine ratio: Number between 0 and 3 and corresponding date in MM/DD/YYYY format.

24 hour urine protein: Number between 0 and 3000 and corresponding date in MM/DD/YYYY format.

Labs – Urinalysis

Date: Date of the urinalysis in MM/DD/YYYY format.

Color: KPD donor urine color. Alphanumeric field.

Appearance: KPD donor urine appearance. Alphanumeric field.

pH: Whole number between 5 and 10.

Specific gravity: Number between 1 and 1.5.

Protein:

Positive
Negative

Glucose:

Positive
Negative

Blood:

Positive
Negative

RBC:

Positive
Negative

WBC:

Positive
Negative

Epith (%):

Positive
Negative

Casts:

Positive

Negative

Bacteria:

Positive
Negative

Leukocyte esterase:

Positive
Negative

Labs – Lab Panel

Date: Date in MM/DD/YYYY format.

Na (mEq/L): Whole number between 0 and 99999.

K+ (mmol/L): Number between 0 and 999.

Cl (mmol/L): Whole number between 0 and 9999.

CO_2 (mmol/L): Number between 0 and 999.

BUN (mg/dL): Whole number between 0 and 9999.

Creatinine (mg/dL): Number between 0 and 999.

Glucose (mg/dL): Whole number between 0 and 9999.

Total bilirubin (mg/dL): Number between 0 and 9999.

Direct bilirubin (mg/dL): Number between 0 and 9999.

Indirect bilirubin (mg/dL): Number between 0 and 9999.

SGOT AST (u/L): Whole number between 1 and 36000.

SGPT ALT (u/L): Whole number between 1 and 50000.

Alkaline phosphatase (u/L): Whole number between 0 and 9999.

GGT (u/L): Whole number between 0 and 9999.

LDH (u/L): Whole number between 0 and 99999.

Albumin (g/dL): Number between 0 and 999.

Total protein (g/dL): Number between 0 and 999.

Prothrombin (PT) (seconds): Number between 0 and 9999.

INR: Number between 0 and 999.

PTT (seconds): Number between 0 and 9999.

Serum amylase (u/L): Number between 0 and 9999.

Serum lipase (u/L): Number between 0 and 9999.

Labs – Complete Blood Count (CBC)

Date: Date in MM/DD/YYYY format. If you enter a date, you must enter CBC values.

WBC (thous/mcL): Number between 1 and 99.

RBC (mill/mcL): Number between 1 and 99.

HgB (g/dL): Number between 1 and 99.

Hct (%): Number between 0 and 99.

Plt (thous/mcL): Whole number between 0 and 999.

Bands (%): Whole number between 0 and 99.

Serologies

For a donor to be eligible for matches, **required** serologies must be either Positive or Negative.

Anti-CMV: This field is **required** for eligibility on the match run.

Positive
Negative
Unknown
Not Done
Indeterminate
Pending

EBV (VCA) (IgG): This field is **required** for eligibility on the match run.

Positive
Negative
Unknown
Not Done

Indeterminate
Pending

HBsAg: This field is **required** for eligibility on the match run.

Positive
Negative
Unknown
Not Done
Indeterminate
Pending

Anti-HBcAb: This field is **required** for eligibility on the match run.

Positive
Negative
Unknown
Not Done
Indeterminate
Pending

HBsAb:

Positive
Negative
Unknown
Not Done
Indeterminate
Pending

Anti-HCV:

Positive
Negative
Unknown
Not Done
Indeterminate
Pending

Anti-HIV I/II:

Positive
Negative
Unknown
Not Done
Indeterminate
Pending

Anti-HTLV I/II:

Positive
Negative
Unknown
Not Done

Indeterminate
Pending

RPR/VDRL:

Positive
Negative
Unknown
Not Done
Indeterminate
Pending

EBNA:

Positive
Negative
Unknown
Not Done
Indeterminate
Pending

EBV (VCA) (IgM):

Positive
Negative
Unknown
Not Done
Indeterminate
Pending

Tests and Attachments

Please select test or attachment: This field is **required**.

Test
Attachment

Test type: This field is **required**.

Test date: Date of the test in MM/DD/YYYY format.

Diagnostic evaluation/comments: Alphanumeric. 1–5000 characters.

Attach medical image:

Yes
No

Description: Enter a description of the image. This field is **required**.

Select file: Click Browse to search for the file on your computer and select it. This field is **required**.

Tests and Attachments – Add New Tests or Attachments (Attachments)

Please select test or attachment: This field is **required**.

Test
Attachment

Description: Description of the attachment you wish to attach. Alphanumeric format. This field is **required**.

Select File: This field is **required** if Attachment is selected for, Please select test or attachment field.

Tests and Attachments – Delete Attachments

Reason deleted: Reason the attachment was deleted. Alphanumeric. This field is **required** when deleting an attachment.

HLA – Institution

Home transplant center: The center code for the home transplant center displays. This field cannot be updated on this page.

HLA – HLA Class I

A: KPD Donor A antigens. Values for both fields are **required** for eligibility on the match run.

B: KPD Donor B antigens. Values for both fields are **required** for eligibility on the match run.

BW4: KPD Donor BW4 antigen. This field is **required** for eligibility on the match run.

BW6: KPD Donor BW6 antigen. This field is **required** for eligibility on the match run.

C: KPD Donor C antigens. Values for both fields are **required** for eligibility on the match run.

HLA – HLA Class II

DR: KPD donor DR antigens. Values for both fields are **required** for eligibility on the match run.

DR51: KPD donor DR51 antigen. This field is **required** for eligibility on the match run if corresponding unacceptable antigens are reported.

DR52: KPD donor DR52 antigen. This field is **required** for eligibility on the match run if corresponding unacceptable antigens are reported.

DR53: KPD donor DR53 antigen. This field is **required** for eligibility on the match run if corresponding unacceptable antigens are reported.

DQB1: KPD donor DQB1 antigens. Values for both fields are **required** for eligibility on the match run.

DQA1: KPD donor DQA1 antigens from both drop-down lists. Values for both fields are **required** for eligibility on the match run.

DPB1: KPD donor DPB1 antigens. Values for both fields are **required** for eligibility on the match run.

DPA1: KPD donor DPA1 antigens. Values for both fields are **required** for eligibility on the match run.

Note: For ambiguities involving "G" alleles, you should report the lowest member of the "G" allele string. For example, if your lab receives a 04:02/105:01 typing result, you should report 04:02.

Donor Choices – Institution

Home transplant center: The center code for the home transplant center. This field cannot be updated on this page.

Donor Choices – KPD Donor Choices

Donor willing to travel?: This field is **required** for eligibility on the match run.

Yes
No

If Yes, to which center(s) is the donor willing to travel?: This field is **required** if Donor willing to travel field is set to Yes.

Is the donor willing to have his or her kidney shipped?: This field is **required** for eligibility on the match run.

Yes
No

This donor can ONLY donate his or her following kidney: This field is **required** for eligibility on the match run.

Right kidney
Left kidney
Either kidney

Pair and center willing to participate in a 3-way match?: This field is **required** for eligibility on the match run.

Yes
No

Pair and center willing to participate in a chain (not as a bridge donor)?: This field is required for eligibility on the match run.

Yes
No

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?: This field is **required** for eligibility on the match run.

Yes
No

Donor Information

Last name: KPD donor last name. This field is read-only.

First name: KPD donor first name. This field is read-only.

Middle initial: KPD donor middle initial. This field is read-only.

ABO: KPD donor ABO. This field is **required**.

O
A
A1
A2
B
AB
A1B
A2B

Age: KPD donor age. This field is read-only.

Birth Sex: KPD donor Birth Sex. T his field is read-only.

Male
Female

First user ABO entry: The name of the first person to enter the KPD donor's ABO displays. This field is read-only.

Verify Donor ABO Subtype

IF a living donor is subtyped and is found to be A2 or A2B, then a second subtype test must be completed. If the ABO subtype is successfully verified, the verified ABO subtype will be used for match runs. If the ABO subtype is unverified, the verified primary ABO will be used for match runs.

Verify Donor ABO Subtype

Donor Information

Last name: KPD donor last name. This field is read-only.

First name: KPD donor first name. This field is read-only.

Middle initial: KPD donor middle initial. This field is read-only.

ABO: KPD donor ABO. This field is **required**.

O
A
A1
A2
B
AB
A1B
A2B

Age: KPD donor age. This field is read-only.

Birth Sex: KPD donor Birth Sex. This field is read-only.

Male
Female

First ABO subtype user: The name of the first person to enter the KPD donor's ABO displays. This field is read-only.

Manage Bridge Donors

Pending Bridge Donors

Home transplant center: KPD donor's home transplant center code and name. This field is **required**.

KPD donor ID: Unique identifier for the KPD donor generated by the system. This field is read-only.

Donor name: KPD donor name. This field is read-only.

Match run date donor became a bridge donor: Date value determined by system. Format: MM/DD/YYYY. This field is read-only.

Bridge donor on hold: If box is checked the donor will not be included in match runs. If box is unchecked, the donor will be included in match runs. This field is optional.

Access bridge donor record: Link

Exchange number: Unique identifier for the exchange. System generated. This field is read-only.

Donating to Waitlist

When the bridge donor status is changed from pending bridge donor to donating to Waitlist[SM] on the Manage Bridge Donor Record screen the donor is removed from the Pending Bridge Donors section and displays in the Donating to Waitlist[SM] section.

Manage Bridge Donor Record

Home transplant center: Transplant center code and name. This field is **required**.

KPD donor ID: Unique identifier for KPD donor generated by the system. This field is read-only.

Donor name: KPD donor name. This field is read-only.

Bridge donor status: This field is **required**.

Pending Bridge Donor
Pending Exchange Accepted
Donating to Waitlist[SM]
Declined to Donate

Bridge donor status date: Pre-filled with current date. If bridge donor status field is changed, the bridge donor status date must be reentered. Date cannot be a future date. Date must not be prior to Match Run date, when donor became a bridge donor. This field is **required**.

Bridge donor on hold: If box is checked, the donor will not be included in match runs. If box is unchecked, the donor will be included in match runs. This field is optional.

KPD donor status: This field is read-only.

Active
Inactive
Removed

Match run date donor became a bridge donor: Date value determined by system. This field is read-only.

Exchange number: Unique identifier for the exchange generated by system. This field is read-only.

Manage Bridge Donor Record

Bridge donor status declined to donate reasons: This field is **required** if bridge donor status is set to decline to donate.

Life circumstances have changed:

Employment
School
Social
Family Situation
Other

Medical condition has changed:

Pregnancy
Hypertension
Diabetes/pre-diabetes
Increase in BMI
Kidney Diseases/Stones
Cancer
Other

Other reasons:

Paired recipient had a poor transplant outcome
Wait was too long after paired recipient was transplanted
Unknown donor did not disclose
Other

Enter Comments: This field is **required** if Other or Unknown is selected. Alphanumeric format.

Public Burden Statement: The private, non-profit Organ Procurement and Transplantation Network (OPTN) collects this information in order to perform the following OPTN functions: to assess whether applicants meet OPTN Bylaw requirements for membership in the OPTN; and to monitor compliance of member organizations with OPTN Obligations. An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. The OMB control number for this information collection is 0915-0157 and it is valid until XX/XX/202X. This information collection is required to obtain or retain a benefit per 42 CFR §121.11(b)(2). All data collected will be subject

to Privacy Act protection (Privacy Act System of Records #09-15-0055). Data collected by the private non-profit OPTN also are well protected by a number of the Contractor's security features. The Contractor's security system meets or exceeds the requirements as prescribed by OMB Circular A-130, Appendix III, Security of Federal Automated Information Systems, and the Departments Automated Information Systems Security Program Handbook. The public reporting burden for this collection of information is estimated to average 0.27 hours per response, including the time for reviewing instructions, searching existing data sources, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to HRSA Information Collection Clearance Officer, 5600 Fishers Lane, Room 14N39, Rockville, Maryland, 20857 or paperwork@hrsa.gov.