

Kidney Paired Donation Donor Register
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 Birth Sex
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	Ethnicity
Donor Summary Details-Demographic Information	Race
Donor Summary Details-Clinical Information	ABO
Donor Summary Details-Clinical Information	Height
Donor Summary Details-Clinical Information	Weight
Donor Summary Details-Clinical Information	BMI
Donor Summary Details-KPD Information	Is this a non-directed donor?
Donor Summary Details-KPD Information	Intended KPD Candidate ID
Donor Summary Details-KPD Information	Candidate name
Donor Summary Details-KPD Information	Donor's relationship to candidate
Donor Summary Details-KPD Information	Are you willing to start a chain that continues with a bridge donor?
Donor Summary Details-KPD Information	Does the donor have health insurance?
Donor Summary Details-KPD Information	Has the donor signed the Agreement to 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?

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

Vital Signs-Vital Signs	Blood pressure diastolic 2
Vital Signs-Vital Signs	Blood pressure date 2
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	Urine protein-to-creatinine ratio
Labs-Lab Values	24 hour urine protein
Labs-Urinalysis	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	RBC
Labs-Urinalysis	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	BUN (mg/dL)
Labs-Lab Panel	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	LDH (u/L)
Labs-Lab Panel	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	Please select test or attachment
Tests and Attachments-Add New Tests or Attachments	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	DR
HLA-HLA Class II	DR
HLA-HLA Class II	DR51
HLA-HLA Class II	DR51
HLA-HLA Class II	DR52
HLA-HLA Class II	DR52
HLA-HLA Class II	DR53
HLA-HLA Class II	DR53
HLA-HLA Class II	DQB1
HLA-HLA Class II	DQB1
HLA-HLA Class II	DQA1
HLA-HLA Class II	DQA1
HLA-HLA Class II	DPB1
HLA-HLA Class II	DPB1
HLA-HLA Class II	DPA1
HLA-HLA Class II	DPA1
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 Birth Sex
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	ABO
Verify Donor ABO Subtype-Donor Information	Age
Verify Donor ABO Subtype-Donor Information	Gender Birth Sex
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 reason	Bridge donor status declined to donate 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 donate reason	Other reasons

Manage Bridge Donor Record- Bridge donor status: Declined to donate reason	Enter Comments
--	----------------

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

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 req to monitor compliance of member organizations with OPTN Obligations. An agency not required to respond to, a collection of information unless it displays a currently 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 v (Privacy Act System of Records #09-15-0055). Data collected by the private non-pr 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 Inf Automated Information Systems Security Program Handbook. The public reporting estimated to average 0.27 hours per response, including the time for reviewing ins and completing and reviewing the collection of information. Send comments regar of this collection of information, including suggestions for reducing this burden, to Officer, 5600 Fishers Lane, Room 14N39, Rockville, Maryland, 20857 or paperwork

ration
rs

[illegible]

This is a date field

This field cannot be updated on this page.

This field cannot be updated on this page.

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
If NO is entered for the Was a 24-hour blood pressure monitor used question
If NO is entered for the Was a 24-hour blood pressure monitor used question
If NO is entered for the Was a 24-hour blood pressure monitor used question
If NO is entered for the Was a 24-hour blood pressure monitor used question

If NO is entered for the Was a 24-hour blood pressure monitor used question

If NO is entered for the Was a 24-hour blood pressure monitor used question

If NO is entered for the Was a 24-hour blood pressure monitor used question

This field cannot be updated on this page

This field cannot be updated on this page
This field is read-only
This field is read-only
This field is read-only
This field is read-only
This field is read-only
This field is read-only
This field cannot be updated on this page
This field is read-only
This field is read-only
This field is read-only
This field is read-only
This field is read-only
This field is read-only
This field is read-only
This field is read-only
This field is read-only
This field is optional
This field is read-only
This field is read-only
This field is read-only
This field is optional
This field is read-only
This field is read-only
This field is read-only

ollects this information in order to perform
irements for membership in the OPTN; and
y may not conduct or sponsor, and a person is
/ valid OMB control number. The OMB
XX/202X. This information collection is
will be subject to Privacy Act protection
ofit OPTN also are well protected by a
ets or exceeds the requirements as
ormation Systems, and the Departments
; burden for this collection of information is
tructions, searching existing data sources,
ding this burden estimate or any other aspect
HRSA Information Collection Clearance
@hrsa.gov.