Initial Donor Registration

Details

Donor ID: Donor ID displays. This field is read-only.

OPO: Select OPO from drop-down list. This is a **required** field.

Donor hospital: Select donor hospital from drop-down list. This is a **required** field.

Time zone: Select time zone of where the donor hospital is located from drop-down list. This is a **required** field.

Eastern
Central
Mountain
Pacific
Alaska
Hawaii
Atlantic

Is Daylight Savings Time observed?:

Yes
No

Last Name: Enter the donor's last name. This field is **required**.

First Name: Enter the donor's first name. This field is **required**.

Middle Initial: Enter the donor's middle initial.

KDPI: (Kidney Donor Profile Index) This field is read-only.

ABO: Select donor's ABO information. This is a **required** field.

A
A1
A1B
A2
A2B
B
AB
O

Date of birth: Enter the donor's date of birth. A calendar link is available.

Format: MM/DD/YYYY

Age (Value): The donor's age is populated automatically by the system based on the date of birth entered. This is a **required** field.

Range: 0–1188 (months)

Age (Unit):

Months
Years

Height: Enter the donor's height in feet and inches or centimeters. This is a **required** field.

Feet range: 0–7

Inches range: 0–11

Centimeters range: 1–241.3

Weight: Enter the donor's weight in pounds or kilograms. This is a **required** field.

Lbs range: 2–650

Kg range: 0.454–294.8

BMI: Body Mass Index – a measure that adjusts body weight for height. The BMI is calculated based on the ratio of the weight of the body in kilograms to the square of its height in meters. This field is populated automatically by the system when height and weigh are entered.

Cause of death: Select the cause of death. This is a **required** field.

Anoxia
Cerebrovascular/stroke
Head trauma
CNS tumor
Other, specify

If Other, specify: Enter the cause of death.

Admit date and time: Enter the admission date and time. A calendar link is available.

Format: MM/DD/YYYY and HH:MM

Note: Time should be in 24-hour format.

Mechanism of injury: Select the mechanism of injury.

Drowning
Seizure
Drug intoxication
Asphyxiation
Cardiovascular
Electrical
Gunshot wound
Stab
Blunt injury
SIDS
Intracranial hemorrhage/stroke
Death from natural causes
None of the above

Pronouncement of death date and time: Enter the death pronouncement date and time. A calendar link is available.

Format: MM/DD/YYYY and HH:MM

Note: Time should be in 24-hour format

Circumstance of death: Select the circumstances of death.

MVA
Suicide
Homicide
Child abuse
Accident
Non-MVA
Death from natural causes
None of the above

Cold ischemic time: Total cold ischemic time displays in HH:MM. After 72 hours, "Expired" displays instead of the clock.

OR Date (status): Select the status of OR date.

Not Set
Tentative
Scheduled

OR Date (date and time): Record the Operating Room (OR) date and time.

Note: Time should be entered in 24-hour format, and should be entered based on the Donor Hospital local time.

Recovery Facility: Indicate the Recovery Facility, by selecting Donor Hospital or Alternate Facility. If OR status is set to Tentative or Scheduled, you must indicate the Recovery Facility.

Recovery Facility (Alternate Facility Text): If alternate facility is selected, enter the name of the facility in the space provided.

Donor meets DCD criteria: Indicate if the donor meets the donation after Circulatory Death criteria. This is a **required** field.

Yes
No

Controlled DCD:

Yes
No

Withdrawal of life-sustaining medical support: Enter the date (MM/DD/YYYY) and time (HH:MM) of withdrawal of life-sustaining medical support.

Cessation of circulation: Enter the date (MM/DD/YYYY) and time (HH:MM) of cessation of circulation.

Initiation of NRP: Enter the date (MM/DD/YYYY) and time (HH:MM) of initiation of NRP (Normothermic Regional Perfusion). If unavailable, select the reason from the status (**ST**) drop-down list (**Missing**, **Unknown**, **N/A**, **Not Done**).

Cardiac arrest / downtime?: Indicate if the donor experienced cardiac arrest.

Yes
No
Unknown

Duration: If the donor experienced cardiac arrest, enter the amount of downtime, in minutes, in the space provided.

CPR administered?: Indicate if CPR was administered.

Yes
No
Unknown

Duration: If CPR was administered, enter the amount of downtime, in minutes, in the space provided.

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.

Was the donor born in a country currently classified as endemic for Chagas disease by the CDC?:

Yes
No
Unknown

Donor Highlights: Enter any important comments concerning the donor. 5000 character limit.

Admission course comments: Enter any comments concerning admission course. 5000 character limit.

History of diabetes: Indicate if the donor has a documented history of diabetes mellitus prior to this hospitalization. A donor should not be considered as having a history of diabetes based on gestational diabetes only. This is a **required** field.

No
Yes, 0-5 years
Yes, 6-10 years
Yes, >10 years
Yes, duration unknown
Unknown

History of cancer: Indicate if the donor has a documented history of any type of cancer prior to this hospitalization.

No
Skin-squamous, basal cell
Skin, melanoma
CNS tumor-astrocytoma
CNS tumor-glioblastoma multiforme
CNS tumor-medulloblastoma
CNS tumor-neuroblastoma
CNS tumor-angioblastoma
CNS tumormeningioma
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 (include bronchial)
Leukemia/lymphoma
Unknown
Other, Specify

Other, Specify: Enter the type of cancer in the space provided.

History of hypertension: Indicate if the donor has a documented history of hypertension prior to this hospitalization. This is a **required** field.

No
Yes, 0-5 years
Yes, 6-10 years
Yes, >10 years
Yes, duration unknown
Unknown

Compliant with treatment: Indicate if the donor was compliant with treatment. This field is **required**.

Yes
No
Unknown

History of coronary artery disease (CAD): Indicate if the donor had a history of coronary artery disease. This is field is **required**.

Yes
No
Unknown

Previous gastrointestinal disease: Indicate if the donor had a history of gastrointestinal disease. This is a **required** field.

Yes
No
Unknown

Chest trauma: Indicate if the donor had chest trauma.

Yes
No
Unknown

Cigarette use (>20 pack years) ever: If the donor has ever used cigarettes for more than 20 pack years, select **Yes**. If the donor has never used cigarettes or the usage is less than 20 pack years, select **No**. If cigarette usage is unknown, select **Unknown.** Vaping and e-cigarette usage is not collected in this field. This field is **required**.

Yes
No
Unknown

And continued in last six months: Indicate if the donor has continued smoking in the last six months.

Yes
No
Unknown

Heavy alcohol use (2+ drinks/day): Indicate if the donor has a history of having more than 2 alcoholic drinks per day. This field is **required**.

Yes
No
Unknown

I.V. drug usage: Indicate if the donor had a history of intravenous drug use. This field is **required**.

Yes
No
Unknown

According to the OPTN policy in effect on the date of referral, does the donor have risk factors for blood-borne disease transmission?: This field is read-only.

Sex (i.e., any method of sexual contact, including vaginal, anal, and oral) with a person known or suspected to have HIV, HBV, or HCV infection:

Yes
No

Man who has had sex with another man:

Yes
No

Sex in exchange for money or drugs:

Yes
No

Sex with a person who had sex in exchange for money or drugs:

Yes
No

Drug injection for nonmedical reasons:

Yes
No

Sex with a person who injected drugs for nonmedical reasons:

Yes
No

Incarceration (confinement in jail, prison, or juvenile correction facility) for ≥72 consecutive hours:

Yes
No

Child breastfed by a mother with HIV infection:

Yes
No
N/A

Child born to a mother with HIV, HBV, or HCV infection:

Yes
No
N/A

Unknown medical or social history:

Yes
No

History of myocardial infarction:

Yes
No
Unknown

Medical and social history comments: Enter any comments concerning medical and/or social history.

Vital Signs

Donor Management Indicators – Range

Begin Date: Enter the starting date the vital signs were taken (MM/DD/YYYY). A calendar link is available.

Begin Time: Enter the starting time (HH:MM) the vital signs were taken.

Note: Time should be in 24-hour format.

End Date: Enter the ending date (MM/DD/YYYY) the vital signs were taken. A calendar link is available.

End Time: Enter the ending time (HH:MM) the vital signs were taken.

Note: Time should be in 24-hour format.

Average or Actual BP: Enter the systolic and diastolic blood pressure values for the average or actual blood pressure. This is a **required** field.

Range: 0–300 (systolic) and 0–200 (diastolic)

Heart Rate: Enter the heart rate in beats per minute. This is a **required** field.

Range: 1–225

High Blood Pressure: Enter the systolic and diastolic values for the highest blood pressure.

Range: 0–300 (systolic) and 0–200 (diastolic)

Duration at high: Enter the duration of the blood pressure at its highest in minutes.

Range: 1–2880

Low Blood Pressure: Enter the systolic and diastolic values for the lowest blood pressure.

Range: 0–300 (systolic) and 0–200 (diastolic)

Duration at Low: Enter the duration of the blood pressure at its lowest in minutes.

Range: 1–2880

Core Body Temp: Enter the range of core body temperature. Indicate if temperature is entered in Celsius or Fahrenheit.

Range: 26.7–110.1

Urine output (cc/hour): Enter the value in cc/hour. This is a **required** field.

Range: 0–5000

CVP (mm/Hg): Enter the central venous pressure in mm/Hg.

Range: 0–50

PA Pressure Systolic: Enter the systolic pulmonary artery (pa) pressure value in mm/Hg.

Range: 0–300

PA Pressure Diastolic: Enter the diastolic pulmonary artery (pa) pressure value in mm/Hg.

Range: 0–200

PCWP: Enter the pulmonary capillary wedge pressure value in mm/Hg.

Range: 0–50

PAMP: Enter the pulmonary artery mean pressure value in mm/Hg.

Range: 0–50

Cardiac Output / Cardiac Input: Enter the Cardiac Output in L/min and Cardiac Input in L/min/sq.m. The user may also select to only enter a single value (the first part of the range) or both values in a range.

Cardiac Output Range: 0.2–15

Cardiac Input Range: 0–50

Donor Management Indicators – Hourly

Begin Date: Enter the starting date the vital signs were taken (MM/DD/YYYY). A calendar link is available.

Begin Time: Enter the starting time (HH:MM) the vital signs were taken.

Note: Time should be in 24-hour format.

Average or Actual BP: Enter the systolic and diastolic blood pressure values for the average or actual blood pressure. This is a **required** field.

Range: 0–300 (systolic) and 0–200 (diastolic)

Heart Rate: Enter the heart rate in beats per minute. This is a **required** field.

Range: 1–225

Core Body Temp: Enter the range of core body temperature. Indicate if temperature is entered in Celsius or Fahrenheit.

Range: 26.7–110.1

CVP (mm/Hg): Enter the central venous pressure in mm/Hg.

Range: 0–50

PA Pressure Systolic: Enter the systolic pulmonary artery (pa) pressure value in mm/Hg.

Range: 0–300

PA Pressure Diastolic: Enter the diastolic pulmonary artery (pa) pressure value in mm/Hg.

Range: 0–200

PCWP: Enter the pulmonary capillary wedge pressure value in mm/Hg.

Range: 0–50

PAMP: Enter the pulmonary artery mean pressure value in mm/Hg.

Range: 0–50

Cardiac Output / Cardiac Input: Enter the Cardiac Output in L/min and Cardiac Input in L/min/sq.m. The user may also select to only enter a single value (the first part of the range) or both values in a range.

Cardiac Output Range: 0.2–15

Cardiac Input Range: 0–50

Vital Signs – DCD Management

Begin Date: Enter the starting date the vital signs were taken (MM/DD/YYYY). A calendar link is available.

Begin Time: Enter the starting time (HH:MM) the vital signs were taken.

Note: Time should be in 24-hour format.

Average or Actual BP: Enter the systolic and diastolic blood pressure values for the average or actual blood pressure. This is a **required** field.

Range: 0–300 (systolic) and 0–200 (diastolic)

Heart Rate: Enter the heart rate in beats per minute. This is a **required** field.

Range: 1–225

Mean Arterial Pressure (MAP): Enter the mean arterial pressure (mmHg).

Oxygen saturation (SpO_2): Enter the date (MM/DD/YYYY), time (HH:MM), and range (0–100).

Vital Signs Comments: Enter any comments concerning the vital signs.

Labs

Complete Blood Count (CBC)

Date: Enter the date (MM/DD/YYYY) the blood count was obtained. A calendar link is available.

Time: Enter the time (HH:MM) the blood count was obtained.

Note: Time should be in 24-hour format.

WBC (thous/mcL): (White Blood Cells) Enter the value in thous/mcL.

Range: 1–25

RBC (thous/mcL): (Red Blood Cells) Enter the value in thous/mcL.

Range: 1–25

HgB (g/dL): (Hemoglobin) Enter the value in g/dL.

Range: 1–30

Hct (%): (Hematocrit) Enter the value in %.

Range: 0–75

Plt (thous/mcL): (Platelets) Enter the value in thous/mcL.

Range: 50–500

Bands (%): Enter the value in %.

Range: 0–25

Lab Panel

Date: Enter the date (MM/DD/YYYY) the lab panel was obtained. A calendar link is available.

Time: Enter the time (HH:MM) the lab panel was obtained.

Note: Time should be in 24-hour format.

Serum Sodium (mEq/L): (Sodium) Enter the lab value in mEq/L. This is a **required** field.

Range: 0–99,999

K+ (mmol/L): (Potassium) Enter the lab value in mmol/L.

Range: 0–999.9

Cl (mmol/L): (Chloride) Enter the lab value in mmol/L.

Range: 0–9999

CO2 (mmol/L): Enter the lab value in mmol/L.

Range: 0–999.9BUN (mg/dL)

BUN (mg/dL): Enter the lab value in mg/dL. This is a **required** field.

Range: 0–9999

Creatinine (mg/dL): Enter the lab value in mg/dL. This is a **required** field.

Range: 0.01–40

Glucose (mg/dL): Enter the lab value in mg/dL. This is a **required** field.

Range: 0–9999

Total Bilirubin (mg/dL): Enter the lab value in mg/dl. This is a **required** field.

Range: 0–9999.9

Direct Bilirubin (mg/dL): Enter the lab value mg/dL.

Range: 0–9999.9

Indirect Bilirubin (mg/dL): Enter the lab value in mg/dL.

Range: 0–9999.9

SGOT (AST) (u/L): (Serum Glutamic Oxaloacetic Transaminase/Aspartate Transaminase) Enter the lab value in U/L. This is a **required** field.

Range: 1–36,000

SGPT (ALT) (u/L): (Serum Glutamic Pyruvic Transaminase/Alanine Aminotransferase) Enter the lab value in U/L. This is a **required** field.

Range: 1–50000

Alkaline phosphatase (u/L): Enter the lab value in units/L.

Range: 0–9999

GGT (u/L): Enter the lab value in u/L.

Range: 0–9999

LDH (u/L): Enter the lab value in u/L.

Range: 0–99,999

Albumin (g/dL): Enter the lab value in g/dL.

Range: 0–999.99

Total protein (g/dL): Enter the value in g/dL.

Range: 0–999.9

Prothrombin (PT) (seconds): Enter the lab value in seconds. This is a **required** field.

Range: 0–9999.9

INR: (International Normalized Ratio) Enter the lab value.

Range: 0–999.99

PTT (seconds): Enter the lab value in seconds.

Range: 0–9999.9

Serum Amylase (u/L): Enter the lab value in u/L. This is a **required** field.

Range: 0–9999.99

Serum Lipase (u/L): Enter the lab value in u/L. This field is **required** for pancreas, kidney-pancreas and pancreas islet electronic organ offers.

Range: 0–9999.99

Serum Lipase Upper Normal Limit (u/L): Enter the lab value (i.e., maximum normal value or highest reference value) in u/L. This field is **required** for pancreas, kidney-pancreas and pancreas islet electronic organ offers.

Range: 0–9999.99

Urinalysis

Date: Enter the date (MM/DD/YYYY) the urinalysis was obtained. A calendar link is available.

Time: Enter the time (HH:MM) the urinalysis was obtained.

Note: Time should be in 24-hour format.

Color: Enter the value.

Appearance: Enter the value.

pH: Enter the value.

Range: 5–10

Specific gravity: Enter the value.

Range: 1–1.5

Protein: Select the result of the test from the drop-down list.

Positive
Negative

If positive, enter any results and/or comments concerning the test in the space provided.

Glucose: Select the result of the test from the drop-down list.

Positive
Negative

If positive, enter any results and/or comments concerning the test in the space provided.

Blood: Select the result of the test from the drop-down list.

Positive
Negative

If positive, enter any results and/or comments concerning the test in the space provided.

RBC: (Red Blood Cells) Select the result of the test from the drop-down list.

Positive
Negative
If positive, enter any results and/or comments concerning the test in the space provided.

WBC: (White Blood Cells) Select the result of the test from the drop-down list.

Positive
Negative

If positive, enter any results and/or comments concerning the test in the space provided.

Epith (%): Select the result of the epithelial cells test from the drop-down list.

Positive
Negative

If positive, enter any results and/or comments concerning the test in the space provided.

Casts: Select the result of the test from the drop-down list.

Positive
Negative

If positive, enter any results and/or comments concerning the test in the space provided.

Bacteria: Select the result of the test from the drop-down list.

Positive
Negative

If positive, enter any results and/or comments concerning the test in the space provided.

Leukocyte esterase: Select the result of the test from the drop-down list.

Positive
Negative

If positive, enter any results and/or comments concerning the test in the space provided.

ABGS/Ventilator Settings

Date: Enter the date (MM/DD/YYYY) the ABGs were obtained. A calendar link is available. This is a **required** field.

Time: Enter the time (HH:MM) the ABGs were obtained. This is a **required** field.

Note: Time should be in 24-hour format.

pH: Enter the value. This is a **required** field.

Range: 5–8

PaCO2 (mmHg): Enter the value in mmHg. This is a **required** field.

Range: 0–999.9

PaO2 (mmHg): (Partial Pressure of Arterial Oxygen) Enter the value in mmHg. This is a **required** field.

Range: 0–999.9

HCO3 (mEq/L): Enter the value in mEq/L. This is a **required** field.

Range: 0–99.9

SaO2 (%): Enter the value in %. This is a **required** field.

Range: 50–100

Mode: Select the mode from the drop-down list. This is a **required** field.

NC
CPAP
BiPAP
SIMV
A/C
CMV
Other

If **Other**, enter the mode.

FiO2 (%): Enter the value in %. This is a **required** field.

Range: 20–100

RR: Enter the rate. This is a **required** field.

Range: 1–250

VT (cc): (Tidal Volume) Enter the value. This is a **required** field.

Definition: The volume of each breath delivered by a ventilator.

Range: 10–2000

PEEP (cmH2O): (Positive End-Expiratory Pressure) Enter the value. This is a **required** field.

Range: 0–25

Lab Values

Date: Enter the date (MM/DD/YYYY) the ABGs were obtained. A calendar link is available.

Time: Enter the time (HH:MM) the ABGs were obtained.

Note: Time should be in 24-hour format.

CPK(u/L): Enter the value in u/L.

Range: 0–99999

CK-MB(ng/mL): Enter the value in ng/mL.

Range: 0–9999.9

Troponin I (ng/mL): Enter the value in ng/mL.

Range: 0–9999.99

Troponin T (ng/mL): Enter the value in ng/mL.

Range: 0–9999.99

Toxicology Screen: Indicate if a toxicology screen was completed.

Yes
No

Results: If yes, enter results and/or comments concerning the toxicology screen.

HbA1C (%): Enter the HbA1C.

Range: 2–15%

HbA1C (%) Date: Enter the date (MM/DD/YYY) the HbA1C was obtained. A calendar link is available.

HbA1C (%) Time: Enter the time (HH:MM) the HbA1C was obtained.

Note: Time should be in 24-hour format.

Other labs, specify: Enter any information concerning additional labs.

Cultures/Microbiology

Date: Enter the collection date (MM/DD/YYYY). A calendar link is available.

Time: Enter the collection time (HH:MM).

Note: Time should be in 24-hour format.

Type: Select the type from the drop-down list. If **Other** is selected, enter the type in the space provided.

Blood
Urine
Sputum gram stain
Dputum culture
CSF
Other

Result: Indicate the result.

Positive
Negative
Pending

Comments: Enter any comments concerning cultures/microbiology.

Note: Adding new lab data and editing existing lab data, will be allowed for a period of 180 days after the Donor Add date.

Meds/Fluids

Inotropic Medication: Select the medication from the drop-down list. If **Other, specify** is selected, enter the medication in the space provided.

Dopamine
Dobutamine
Epinephrine
Levophed
Neosynephrine
Isoproterenol (Isuprel)
Other, specify

Begin Date: Enter the date the administration of inotropic medication began. A calendar link is available.

Format: MM/DD/YYYY

Begin Time: Enter the time the administration of inotropic medication began.

Format: HH:MM

Note: Time should be in 24-hour format.

End Date: Enter the date the administration of inotropic medication ended. A calendar link is available.

Format: MM/DD/YYYY

End Time: Enter the time the administration of inotropic medication ended.

Format: HH:MM

Note: Time should be in 24-hour format

Value: Enter the inotropic medication value.

Range: 0.001–500

Units: Select the unit type from the drop-down list.

mcg/kg/min
mcg/min
mg/min
units/hr
mcg/hr

I.V. fluids: (Intravenous) Enter the value in cc/hour.

Range: 1–9999

Steroids: Indicate if steroids were administered within 24 hours prior to cross-clamp.

Yes
No

If **Yes, specify**: Enter the name of the steroid in the space provided.

Diuretics: Indicate if diuretics were administered within 24 hours prior to cross-clamp.

Yes
No

If **Yes, specify:** Enter the name of the diuretic in the space provided.

T3: Indicate if T3 was administered within 24 hours prior to cross-clamp.

Yes
No

T4: Indicate if T4 was administered within 24 hours prior to cross-clamp.

Yes
No

Insulin: Indicate if insulin was administered within 24 hours prior to cross-clamp.

Yes
No

Begin Date: Enter the begin date (MM/DD/YYYY). A calendar link is available.

Begin Time: Enter the begin time (HH:MM).

Note: Time should be in 24-hour format.

End Date: Enter the end date (MM/DD/YYYY). A calendar link is available.

End Time: Enter the end time (HH:MM).

Note: Time should be in 24-hour format.

Antihypertensives: Indicate if antihypertensives were administered within 24 hours prior to cross-clamp.

Yes
No

Vasodilators: Indicate if vasodilators were administered within 24 hours prior to cross-clamp.

Yes
No

Begin Date: Enter the begin date (MM/DD/YYYY). A calendar link is available.

Begin Time: Enter the begin time (HH:MM).

Note: Time should be in 24-hour format.

End Date: Enter the end date (MM/DD/YYYY). A calendar link is available.

End Time: Enter the end time (HH:MM).

Note: Time should be in 24-hour format.

DDAVP: Indicate if DDAVP (synthetically derived vasopressor) was administered within 24 hours prior to cross-clamp.

Yes
No

Arginine vasopressin: Indicate if arginine vasopressin (human- or animal-derived vasopressor) was administered within 24 hours prior to cross-clamp.

Yes
No

Begin Date: Enter the begin date (MM/DD/YYYY). A calendar link is available.

Begin Time: Enter the begin time (HH:MM).

Note: Time should be in 24-hour format.

End Date: Enter the end date (MM/DD/YYYY). A calendar link is available.

End Time: Enter the end time (HH:MM).

Note: Time should be in 24-hour format.

Total Parenteral Nutrition: Indicate if Total Parenteral Nutrition was administered.

Yes
No

Heparin: Indicate if Heparin was administered.

Yes
No

Begin Date: Enter the begin date (MM/DD/YYYY). A calendar link is available.

Begin Time: Enter the begin time (HH:MM).

Note: Time should be in 24-hour format.

End Date: Enter the end date (MM/DD/YYYY). A calendar link is available.

End Time: Enter the end time (HH:MM).

Note: Time should be in 24-hour format.

Units: Enter the number of units administered.

Values: 100 to 900 in increments of 100 then 1,000 to 50,000 in increments of 1,000.

Other/specify 1: Enter the name of any other medications administered.

Other/specify 2: Enter the name of any other medications administered.

Other/specify 3: Enter the name of any other medications administered.

Transfusions/Blood Products

Transfusions prior to ABO determination:

Yes
No

Total number: Enter the total number of transfusions.

Total volume: Enter the total volume.

Transfusions following ABO determination:

Yes
No

Total number: Enter the total number of transfusions.

Total volume: Enter the total volume.

Other blood products: Indicate if any other blood products were received by the donor.

Yes
No

If **Yes**, specify**:** Enter the type of blood product in the space provided

Were any support therapies initiated?: Indicate if any support therapies have been initiated. This includes support therapies initiated from the earliest time of admission to time of cross clamp; inclusive of any hospital transfers. Select **Yes** of **No**. This field is required for sending organ offer notifications.

Support therapy: If support therapies have been initiated, indicate therapy type(s).

Cardiac device: (IABP) - Intra-Aortic Balloon Pump
Cardiac device: (LVAD) - Left ventricular assist device
Cardiac device: (RVAD) - Right ventricular assist device
Cardiac device: (MCSD) - Temporary mechanical circulatory support device
Cardiac device: (VA ECMO) - Venoarterial Extracorporeal Membrane Oxygenation
Cardiac device: (VV ECMO) - Venovenous Extracorporeal Membrane Oxygenation
Cardiac device Left Heart Device: Other
Cardiac device: Right Heart Device: Other
Inhaled Therapy: Nitric Oxide
Inhaled Therapy: Other
Renal Replacement Therapy: (CRRT) Continuous Renal Replacement Therapy
Renal Replacement Therapy: (iHD) Intermittent Hemodialysis
Renal Replacement Therapy: (PD) Peritoneal dialysis
Renal Replacement Therapy: (SLED) Sustained low efficiency dialysis
Renal Replacement Therapy: Other

Begin date: Enter the date the support therapy was started.

Begin time: Enter the time the support therapy was started.

End date: Enter the date the support therapy ended.

End time: Enter the time the support therapy ended.

Note: Support therapy begin and end date and time must be before cross-clamp date and time.

Duration: This field is display only.

Infectious Diseases

Anti-HBc: (Hepatitis B Virus) Indicate whether the specimen that was used for the test was hemodiluted. Select **Yes**, **No**, or **Unknown** from the drop-down list of options. This is a **required** field.

Anti-HBc – Hemodilution: Select the result of the test. If a test has been run but results have not been received, select **Pending**. If it is not known if a test has been run, select **Not Done**. If the results from an infectious disease test were inconclusive or equivocal, select **Indeterminate**. Only Positive and Negative values cascade to the TIEDI DDR record. This field is used for screening.

Values: Positive; Negative; Not Done; Indeterminate, Pending

HBV NAT: Indicate whether the specimen that was used for the test was hemodiluted. Select **Yes**, **No**, or **Unknown** from the drop-down list of options. This is a **required** field.

HBV NAT – Hemodilution: Select the result of the test. If a test has been run but results have not been received, select **Pending**. If it is not known if a test has been run, select **Not Done**. If the results from an infectious disease test were inconclusive or equivocal, select **Indeterminate**. Only Positive and Negative values cascade to the TIEDI DDR record. This field is used for screening.

Values: Positive; Negative; Not Done; Indeterminate, Pending

HBsAg: (Hepatitis B Surface Antigen) Indicate whether the specimen that was used for the test was hemodiluted. Select **Yes, No** or **Unknown** from the drop-down list of options.

HBsAg – Hemodilution: Select the result of the test. If a test has been run but results have not been received, select **Pending**. If it is not known if a test has been run, select **Not Done**. If the results from an infectious disease test were inconclusive or equivocal, select **Indeterminate**. Only Positive and Negative values cascade to the TIEDI DDR record. This field is used for screening.

Positive
Negative
Not Done
Indeterminate
Pending

HBsAb: (Hepatitis B Surface Antibody) Indicate whether the specimen that was used for the test was hemodiluted. Select **Yes, No** or **Unknown** from the drop-down list of options.

HBsAb – Hemodilution: Select the result of the test. If a test has been run but results have not been received, select **Pending**. If it is not known if a test has been run, select **Not Done**. If the results from an infectious disease test were inconclusive or equivocal, select **Indeterminate**. Only Positive and Negative values cascade to the TIEDI DDR record. This field is used for screening.

Positive
Negative
Not Done
Indeterminate
Pending

Anti-HCV: (Hepatitis C Virus) Indicate whether the specimen that was used for the test was hemodiluted. Select **Yes**, **No**, or **Unknown** from the drop-down list of options. This is a **required** field.

Anti-HCV – Hemodilution: Select the result of the test. If a test has been run but results have not been received, select **Pending**. If it is not known if a test has been run, select **Not Done**. If the results from an infectious disease test were inconclusive or equivocal, select **Indeterminate**. Only Positive and Negative values cascade to the TIEDI DDR record. This field is used for screening.

Positive
Negative
Not Done
Indeterminate
Pending

HCV NAT: (Hepatitis C Nucleic Acid Amplification Testing) Indicate whether the specimen that was used for the test was hemodiluted. Select **Yes**, **No**, or **Unknown** from the drop-down list of options. This is a **required** field.

HCV NAT – Hemodilution: Select the result of the test. If a test has been run but results have not been received, select **Pending**. If it is not known if a test has been run, select **Not Done**. If the results from an infectious disease test were inconclusive or equivocal, select **Indeterminate**. Only Positive and Negative values cascade to the TIEDI DDR record. This field is used for screening.

Positive
Negative
Not Done
Indeterminate
Pending

Anti-HIV I/II: (Human Immunodeficiency Virus) Indicate whether the specimen that was used for the test was hemodiluted. Select **Yes**, **No**, or **Unknown** from the drop-down list of options. This is a **required** field.

Anti-HIV I/II – Hemodilution: Select the result of the test. If a test has been run but results have not been received, select **Pending**. If it is not known if a test has been run, select **Not Done**. If the results from an infectious disease test were inconclusive or equivocal, select **Indeterminate**. Only Positive and Negative values cascade to the TIEDI DDR record. This field is used for screening.

Positive
Negative
Not Done
Indeterminate
Pending

HIV Ag/Ab Combo: Indicate whether the specimen that was used for the test was hemodiluted. Select **Yes**, **No**, or **Unknown** from the drop-down list of options. This is a **required** field.

HIV Ag/Ab Combo – Hemodilution: Select the result of the test. If a test has been run but results have not been received, select **Pending**. If it is not known if a test has been run, select **Not Done**. If the results from an infectious disease test were inconclusive or

equivocal, select **Indeterminate**. Only Positive and Negative values cascade to the TIEDI DDR record. This field is used for screening.

Positive
Negative
Not Done
Indeterminate
Pending

HIV NAT: (Human Immunodeficiency Virus Nucleic Acid Testing) Indicate whether the specimen that was used for the test was hemodiluted. Select **Yes**, **No**, or **Unknown** from the drop-down list of options. This is a **required** field.

HIV NAT – Hemodiluation: Select the result of the test. If a test has been run but results have not been received, select **Pending**. If it is not known if a test has been run, select **Not Done**. If the results from an infectious disease test were inconclusive or equivocal, select **Indeterminate**. Only Positive and Negative values cascade to the TIEDI DDR record. This field is used for screening.

Positive
Negative
Not Done
Indeterminate
Pending

Anti-HTLV I/II: (Human T-cell Lymphotrophic (or Leukemia) Virus) Indicate whether the specimen that was used for the test was hemodiluted. Select **Yes**, **No**, or **Unknown** from the drop-down list of options.

Anti-HTLV I/II – Hemodilution: Select the result of the test. If a test has been run but results have not been received, select **Pending**. If it is not known if a test has been run, select **Not Done**. If the results from an infectious disease test were inconclusive or equivocal, select **Indeterminate**. Only Positive and Negative values cascade to the TIEDI DDR record. This field is used for screening.

Positive
Negative
Not Done
Indeterminate
Pending

HTLV NAT: (Human T-cell Lymphotrophic (or Leukemia) Virus Nucleic Acid Testing) Indicate whether the specimen that was used for the test was hemodiluted. Select **Yes**, **No**, or **Unknown** from the drop-down list of options.

HTLV NAT – Hemodilution: Select the result of the test. If a test has been run but results have not been received, select **Pending**. If it is not known if a test has been run, select **Not Done**. If the results from an infectious disease test were inconclusive or equivocal, select **Indeterminate**. Only Positive and Negative values cascade to the TIEDI DDR record. This field is used for screening.

Positive

Negative
Not Done
Indeterminate
Pending

Anti-CMV: (Cytomegalovirus) Indicate whether the specimen that was used for the test was hemodiluted. Select **Yes**, **No**, or **Unknown** from the drop-down list of options. This is a **required** field.

Anti-CMV – Hemodilution: Select the result of the test. If a test has been run but results have not been received, select **Pending**. If it is not known if a test has been run, select **Not Done**. If the results from an infectious disease test were inconclusive or equivocal, select **Indeterminate**. Only Positive and Negative values cascade to the TIEDI DDR record. This field is used for screening.

Positive
Negative
Not Done
Indeterminate
Pending

Syphilis: Indicate whether the specimen that was used for the test was hemodiluted. Select **Yes**, **No**, or **Unknown** from the drop-down list of options.

Syphilis – Hemodilution: Select the result of the test. If a test has been run but results have not been received, select **Pending**. If it is not known if a test has been run, select **Not Done**. If the results from an infectious disease test were inconclusive or equivocal, select **Indeterminate**. Only Positive and Negative values cascade to the TIEDI DDR record. This field is used for screening.

Positive
Negative
Not Done
Indeterminate
Pending

EBV (VCA) (IgG): (Epstein-Barr Virus/Viral Capsid Antigen) Indicate whether the specimen that was used for the test was hemodiluted. Select **Yes**, **No**, or **Unknown** from the drop-down list of options.

EBV (VCA) (IgG) – Hemodilution: Select the result of the test. If a test has been run but results have not been received, select **Pending**. If it is not known if a test has been run, select **Not Done**. If the results from an infectious disease test were inconclusive or equivocal, select **Indeterminate**. Only Positive and Negative values cascade to the TIEDI DDR record. This field is used for screening.

Positive
Negative
Not Done
Indeterminate
Pending

Note: A titer level of <1:10 is considered Negative.

EBV (VCA) (IgM): (Epstein-Barr Virus/Viral Capsid Antigen) Indicate whether the specimen that was used for the test was hemodiluted. Select **Yes**, **No**, or **Unknown** from the drop-down list of options.

EBV (VCA) (IgM) – Hemodilution: Select the result of the test. If a test has been run but results have not been received, select **Pending**. If it is not known if a test has been run, select **Not Done**. If the results from an infectious disease test were inconclusive or equivocal, select **Indeterminate**. Only Positive and Negative values cascade to the TIEDI DDR record. This field is used for screening.

Positive
Negative
Not Done
Indeterminate
Pending

Note: A titer level of <1:10 is considered Negative.

EBNA: (Epstein-Barr Virus) Indicate whether the specimen that was used for the test was hemodiluted. Select **Yes**, **No**, or **Unknown** from the drop-down list of options.

EBNA – Hemodilution: Select the result of the test. If a test has been run but results have not been received, select **Pending**. If it is not known if a test has been run, select **Not Done**. If the results from an infectious disease test were inconclusive or equivocal, select **Indeterminate**. Only Positive and Negative values cascade to the TIEDI DDR record. This field is used for screening.

Positive
Negative
Not Done
Indeterminate
Pending

Note: A titer level of <1:10 is considered Negative.

Toxoplasma (IgG): Indicate whether the specimen that was used for the test was hemodiluted. Select **Yes**, **No**, or **Unknown** from the drop-down list of options.

Toxoplasma (IgG) – Hemodilution: Select the result of the test. If a test has been run but results have not been received, select **Pending**. If it is not known if a test has been run, select **Not Done**. If the results from an infectious disease test were inconclusive or equivocal, select **Indeterminate**. Only Positive and Negative values cascade to the TIEDI DDR record. This field is used for screening.

Screening for toxoplasma is a way to increase transplant recipient safety by potentially decreasing the number of unexpected transmissions of toxoplasma gondii.

Positive
Negative
Not Done
Indeterminate

Pending

T. cruzi Ab Screen: Indicate whether the specimen that was used for the test was hemodiluted. Select **Yes**, **No**, or **Unknown** from the drop-down list of options.

T. cruzi Ab Screen – Hemodilution: Select the result of the test. If a test has been run but results have not been received, select **Pending**. If it is not known if a test has been run, select **Not Done**. If the results from an infectious disease test were inconclusive or equivocal, select **Indeterminate**. Only Positive and Negative values cascade to the TIEDI DDR record. This field is used for screening.

Positive
Negative
Not Done
Indeterminate
Pending

West Nile: Indicate whether the specimen that was used for the test was hemodiluted. Select **Yes**, **No**, or **Unknown** from the drop-down list of options.

West Nile – Hemodilution: Select the result of the test. If a test has been run but results have not been received, select **Pending**. If it is not known if a test has been run, select **Not Done**. If the results from an infectious disease test were inconclusive or equivocal, select **Indeterminate**. Only Positive and Negative values cascade to the TIEDI DDR record. This field is used for screening.

Positive
Negative
Not Done
Indeterminate
Pending

West Nile NAT: Indicate whether the specimen that was used for the test was hemodiluted. Select **Yes**, **No**, or **Unknown** from the drop-down list of options.

West Nile NAT – Hemodilution: Select the result of the test. If a test has been run but results have not been received, select **Pending**. If it is not known if a test has been run, select **Not Done**. If the results from an infectious disease test were inconclusive or equivocal, select **Indeterminate**. Only Positive and Negative values cascade to the TIEDI DDR record. This field is used for screening.

Positive
Negative
Not Done
Indeterminate
Pending

Strongyloides Ab: Indicate whether the specimen that was used for the test was hemodiluted. Select **Yes**, **No**, or **Unknown** from the drop-down list of options.

Strongyloides Ab– Hemodilution: Select the result of the test. If a test has been run but results have not been received, select **Pending**. If it is not known if a test has been run,

select **Not Done**. If the results from an infectious disease test were inconclusive or equivocal, select **Indeterminate**. Only Positive and Negative values cascade to the TIEDI DDR record. This field is used for screening.

Positive
Negative
Not Done
Indeterminate
Pending

Other Infectious Diseases

OPOs can record whether testing was performed on the donor and have the ability to report more than one test result. Entering this information is not mandatory.

Was COVID-19 (SARS-CoV-2) testing performed on the donor?: Indicate whether COVID-19 testing was performed on the donor. Select **Yes**, **No**, or **Unknown** from the choices. If "Yes" is chosen, additional data collection fields display. This is a **required** field.

Specimen Date: Enter the date (MM/DD/YYYY) the test was performed. A calendar link is available.

Specimen Time: Enter the time (HH:MM) the test was performed.

Specimen Type: Select the type of specimen from the drop-down list of options. Note: For specimens only, an indication of whether the specimen was hemodiluted.

Upper Respiratory (e.g. (NP) nasopharyngeal swab)

Examples include: Nasopharyngeal (NP) swab, nasopharyngeal wash/aspirate, nasal wash/aspirate, oropharyngeal (OP) swab.

Lower Respiratory (e.g. tracheal aspirate, (BAL) bronchoalveolar lavage)

Examples include: Bronchoalveolar lavage (BAL), lower respiratory tract aspirate/wash, sputum, tracheal aspirate.

Blood

Examples include: Plasma, serum, whole blood.

Other, specify

Hemodiluted Specimen: If the specimen type is "blood", then indicate whether the specimen that was used for the test was hemodiluted. Select **Yes**, **No**, or **Unknown** from the drop-down list of options. If the specimen type is not blood, then leave blank.

Test Method: Select the test method from the drop-down list of options.

Nucleic acid detection (e.g. real time RT-PCR)
Antibody (e.g. IgG/IgM/IgA)
Antigen
Other, specify

Result: Select the result of the test from the drop-down list of options. If a test has been run but results have not been received, select **Pending.** If the results from an infectious disease test were inconclusive or equivocal, select **Indeterminate**.

Note: OPO users: Please be sure to include in your process steps to update with the final result. The result must be updated in DonorNet because the COVID-19 test data collection is not available on the TIEDI® DDR. Similar to culture reporting, the new COVID-19 test section will remain editable after Donor Organ Disposition (feedback) is complete.

Positive
Negative
Indeterminate
Pending

Comments: Enter documentation of other pertinent information regarding the test, such as when pending results are expected back. This field is optional.

Was T. cruzi (Chagas) Ab diagnostic testing performed on the donor?: Indicate whether T.cruzi (Chagas) Ab diagnostic testing was performed on the donor. Select **Yes**, **No**, or **Unknown** from the choices. If "Yes" is chosen, additional data collection fields display. If the donor's birth place is unknown, testing is not required by policy.

Specimen Date: Enter the date (MM/DD/YYYY) the test was performed.

Specimen Time: Enter the time (HH:MM) the test was performed.

Specimen Type: Select the type of specimen from the drop-down list of options.

Serum
Whole Blood
Plasma

Hemodiluted Specimen: If the specimen type is "blood", then indicate whether the specimen that was used for the test was hemodiluted. Select **Yes**, **No**, or **Unknown** from the drop-down list of options. If the specimen type is not blood, then leave blank.

Test Method: Select the test method from the drop-down list of options.

Antibody (IgG/IgM/IgA)
Other, specify

Result: Select the result of the test from the drop-down list of options.

Positive
Negative
Indeterminate
Pending

Comments: Enter documentation of other pertinent information regarding the test, such as when pending results are expected back.

Tests

Add New Tests

Test Type: Select the test type from the drop-down list.

Angiography
Bronchoscopy
Cardiac catheterization
Chest x-ray
CT/MRI
Echocardiograms
EKGs
Ultrasounds
Other, specify

If **Other, specify:** Enter the type of test.

Test Date: Enter the date the test (MM/DD/YYYY) was administered. A calendar link is available.

Test Time: Enter the time (HH:MM) the test was administered.

Diagnostic evaluation/comments: Enter any comments concerning the diagnostic evaluation.

Attach medical image: Indicate if a medical image is to be attached.

Yes
No

Attachment Description: Enter a brief description of the medical image.

Attachment File: Enter the file name of the image. You may also use the Browse feature.

Study Date: The date and time of the study displays. Studies may be referred to as any of the following:

- DICOM Image
- Imaging Study
- Echo, CT Scan, X-Ray, Ultra-Sound, etc.

Attachments

Attachment Description: Enter a description of the attached file.

Attachment File: File name.

Attachment Category: Select attachment category.

Cross Match & HLA

***Class I*:** These are **required** fields.

A: Select an A Locus code from the drop-down list. This data copies over to the TIEDI DHS record.

Values: 1, 01:01, 01:02, 2, 02:01, 02:02, 02:03, 02:05, 02:06, 02:07, 02:10, 02:18, 3, 03:01, 03:02, 9, 10, 11, 11:01, 11:02, 19, 23, 24, 24:02, 24:03, 25, 26, 26:01, 26:02, 26:03, 28, 29, 29:01, 29:02, 30, 30:01, 30:02, 31, 32, 32:04, 33, 33:01, 33:03, 34, 34:01, 34:02, 36, 43, 66, 66:01, 66:02, 68, 68:01, 68:02, 69, 74, 80

B: Select a B Locus code from the drop-down list. This data copies over to the TIEDI DHS record.

Values: 5, 7, 07:02, 07:03, 07:14, 8, 08:01, 08:02, 08:03, 08:04, 12, 13, 13:01, 13:02, 14, 14:01, 14:02, 15, 15:01, 15:02, 15:03, 15:04, 15:06, 15:07, 15:10, 15:11, 15:12, 15:13, 15:16, 15:17, 15:18, 15:20, 15:21, 15:24, 15:27, 16, 17, 18, 21, 22, 27, 27:03, 27:04, 27:05, 27:06, 27:08, 35, 35:01, 35:02, 35:03, 35:08, 35:12, 37, 38, 38:01, 38:02, 39, 39:01, 39:02, 39:04, 39:05, 39:06, 39:13, 40, 40:01, 40:02, 40:03, 40:04, 40:05, 40:06, 41, 41:01, 41:02, 42, 42:01, 42:02, 44, 44:02, 44:03, 45, 46, 47, 48, 48:01, 48:02, 49, 50, 50:01, 50:02, 51, 51:01, 51:02, 52, 53, 54, 55, 55:01, 55:02, 55:04, 56, 56:01, 56:03, 57, 57:01, 57:03, 58, 59, 60, 61, 62, 63, 64, 65, 67, 70, 71, 72, 73, 75, 76, 77, 78, 81, 82, 83:01

BW4: Select the result for the BW4 antigen from the drop-down list. This data copies over to the TIEDI DHS record.

Values: Positive; Negative

BW6: Select the result for the BW6 antigen from the drop-down list. This data copies over to the TIEDI DHS record.

Values: Positive; Negative

C: Select a C HLA code from the drop-down list. This data copies over to the TIEDI DHS record.

Values: 01, 01:02, 01:03, 02, 02:02, 02:10, 03, 03:02, 03:03, 03:04, 03:05, 03:06, 04, 04:01, 04:03, 04:04, 04:07, 05, 05:01, 06, 06:02, 07, 07:01, 07:02, 07:04, 07:06, 07:18, 08, 08:01, 08:02, 08:03, 08:04, 09, 10, 12, 12:02, 12:03, 12:04, 14, 14:02, 14:03, 15, 15:02, 15:04, 15:05, 15:06, 15:09, 16, 16:01, 16:02, 16:04, 17, 17:01, 17:03, 18, 18:01, 18:02

***Class II*:** These are **required** fields.

DR: Select a DR Locus Code from the drop-down list. This data copies over to the TIEDI DHS record.

Values: 1, 01:01, 01:02, 01:03, 2, 3, 03:01, 03:02, 03:03, 4, 04:01, 04:02, 04:03, 04:04, 04:05, 04:06, 04:07, 04:10, 04:11, 5, 6, 7, 8, 08:01, 08:02, 08:03, 08:07, 9, 09:01, 09:02, 10, 11, 11:01, 11:03, 11:04, 12, 12:01, 12:02, 13, 13:01, 13:02, 13:03, 13:05, 14, 14:01, 14:02, 14:03, 14:04, 14:05, 14:06, 14:54, 15, 15:01, 15:02, 15:03, 16, 16:01, 16:02, 17, 18, 103

DR51: Select the result for the DR51 Locus from the drop-down list. This data copies over to the TIEDI DHS record.

Values: 51, 5*01, 5*01:01, 5*01:02, 5*02, 5*02:02, N-Negative

DR52: Select the result for the DR52 Locus from the drop-down list. This data copies over to the TIEDI DHS record.

Values: 52, 3*01, 3*01:01, 3*02, 3*02:01, 3*02:02, 3*03, 3*03:01, N-Negative

DR53: Select the result for the DR53 Locus from the drop-down list. This data copies over to the TIEDI DHS record.

Values: 53, 4*01, 4*01:01, 4*01:03, N-Negative

DQB1: Select a DQB1 HLA code from the drop-down list. This data copies over to the TIEDI DHR record.

Values: 2, 02:01, 02:02, 3, 03:01, 03:02, 03:03, 03:19, 4, 04:01, 04:02, 5, 05:01, 05:02, 05:03, 6, 06:01, 06:02, 06:03, 06:04, 06:09, 7, 8, 9

DQA1: Select a DQA1 HLA code from the drop-down list. This data copies over to the TIEDI DHR record.

Values: 01, 01:01, 01:02, 01:03, 01:04, 01:05, 01:06, 01:07, 01:08, 01:09, 01:10, 01:11, 01:12, 02, 02:01, 03, 03:01, 03:02, 03:03, 04, 04:01, 04:02, 04:03N, 04:04, 05, 05:01, 05:02, 05:03, 05:04, 05:05, 05:06, 05:07, 05:08, 05:09, 05:10, 05:11, 06, 06:01, 06:02

DPB1: Select a DPB1 HLA code from the drop-down list. This data copies over to the TIEDI DHR record.

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

Values: 01:01, 02:01, 02:02, 03:01, 04:01, 04:02, 05:01, 06:01, 08:01, 09:01, 10:01, 11:01, 13:01, 14:01, 15:01, 16:01, 17:01, 18:01, 19:01, 20:01, 21:01, 22:01, 23:01, 24:01, 25:01, 26:01, 27:01, 28:01, 29:01, 30:01, 31:01, 32:01, 33:01, 34:01, 35:01, 36:01, 37:01, 38:01, 39:01, 40:01, 41:01, 44:01, 45:01, 46:01, 47:01, 48:01, 49:01, 50:01, 51:01, 52:01, 53:01, 54:01, 55:01, 56:01, 57:01, 58:01, 59:01, 60:01, 62:01, 63:01, 65:01, 66:01, 67:01, 68:01, 69:01, 70:01, 71:01, 72:01, 73:01, 74:01, 75:01, 76:01, 77:01, 78:01, 79:01, 80:01, 81:01, 82:01, 83:01, 84:01, 85:01, 86:01, 87:01, 88:01, 89:01, 90:01, 91:01, 92:01, 93:01, 94:01, 95:01, 96:01, 97:01, 98:01, 99:01, 100:01, 101:01, 102:01, 103:01, 104:01, 105:01, 106:01, 107:01, 108:01, 109:01, 110:01, 111:01, 112:01, 113:01, 114:01, 115:01, 116:01, 117:01, 118:01, 119:01, 121:01, 122:01, 123:01, 124:01, 125:01, 126:01, 127:01, 128:01, 129:01, 130:01, 131:01, 132:01, 133:01, 134:01, 135:01, 136:01, 137:01, 138:01, 139:01, 140:01, 141:01, 142:01, 143:01, 144:01, 145:01, 146:01, 147:01, 148:01, 149:01, 150:01, 151:01, 152:01, 153:01, 155:01, 156:01, 157:01, 158:01, 160:01, 162:01, 163:01, 164:01, 165:01, 166:01, 167:01, 168:01, 169:01, 170:01, 171:01, 172:01, 173:01, 174:01, 175:01, 176:01, 177:01, 178:01, 179:01, 180:01, 181:01, 182:01, 183:01,

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DPA1: Select a DPA1 HLA code from the drop-down list. This data copies over to the TIEDI DHR record.

Values: 01, 01:03, 01:04, 01:05, 01:06, 01:07, 01:08, 01:09, 01:10, 01:11, 01:12, 02, 02:01, 02:02, 02:03, 02:04, 02:07, 03, 03:01, 03:02, 03:03, 04, 04:01, Not tested

Crossmatch

Is there time for a preliminary crossmatch?: Indicate if there is time for a preliminary cross-match. This field defaults to yes. This is a **required** field.

Yes
No

Organ Data

Donor Information

Warm ischemic time (minutes): Enter the warm ischemic time in minutes. Warm ischemic time must be between 0 and 180 minutes.

Core cooling flush used?:

Yes
No

Abdominal aorta flush time (in situ): Enter the date (MM/DD/YYYY) and time (HH:MM).

Portal vein flush time (in situ): Enter the date (MM/DD/YYYY) and time (HH:MM).

Thoracic aorta flush time (in situ): Enter the date (MM/DD/YYYY) and time (HH:MM).

Pulmonary artery flush time (in situ): Enter the date (MM/DD/YYYY) and time (HH:MM).

Left Kidney

Left kidney biopsy: Indicate if a biopsy was performed on the left kidney. Only a Yes value copies over to the TIEDI DDR record.

Yes
No

% Glomerulosclerosis: Enter the value for the left kidney. This data copies over to the TIEDI DDR record.

Range: 0–99

Biopsy type: Select the biopsy type for the left kidney from the drop-down list.

Needle
Wedge

Number of Glomeruli: Enter the count.

Range: 0–300

Left Kidney Pump Values:

Pump Date: Enter the date (MM/DD/YYYY) the left kidney pump values were obtained. A calendar link is available.

Pump Time: Enter the time (HH:MM) the left kidney pump values were obtained.

Note: Time should be in 24-hour format.

Flow (cc/min): Enter the flow value for the left kidney pump in cc/min.

Pressure (mmHg) – Systolic: Enter the systolic pressure value for the left kidney pump in mmHg.

Range: 0–300

Pressure (mmHg) – Diastolic: Enter the diastolic pressure value for the left kidney pump in mmHg.

Range: 0–200

Resistance: Enter the resistance value for the left kidney pump.

Left kidney pump device: Select the left kidney pump device. If **Other, specify** is selected, enter the device type in the space provided.

ORS: LifePort
Waters: RM3
Waters: Waves
Other specify

Left kidney pump solution: Select the left kidney pump solution. If **Other, specify** is selected, enter the solution in the space provided.

Belzer
Silica gel
Other specify

Tissue preparation technique: This field is **required**.

Frozen section
FPPE section
Unknown

Number of globally sclerotic glomeruli: Enter in the number of visualized globally sclerotic glomeruli. The number must fall between 0–300. If unavailable, select the reason from the status (**ST**) drop-down list (**N/A, Not Done, Missing, Unknown**).

Nodular mesangial glomerulosclerosis:

Absent
Present
Unknown

Interstitial fibrosis/tubular atrophy (IFTA): Enter the amount of interstitial fibrosis/tubular atrophy (IFTA).

≤5%
6-25%
26-50%
>50%
Unknown

Vascular disease (% luminal narrowing): Select the amount of vascular disease.

None (<10%)
Mild (10-25%)
Moderate (26-50%)
Severe (>50%)
Unknown

Arteriolar hyalinosis: This field is **required**.

None
Mild to moderate (1 arteriole)
Moderate to severe (>1 arteriole)
Severe – multiple or circumferential
Unknown

Cortical necrosis: This field is **required**.

Present
Absent
Unknown

% Cortical necrosis: If cortical necrosis is present, indicate the % cortical necrosis. This field is **required**.

Fibrin thrombi: This field is **required**.

Present
Absent
Unknown

% Fibrin thrombi: If fibrin thrombi are present, indicate the % fibrin thrombi. This field is **required**.

Left kidney comments: Enter any comments concerning the kidney.

Right Kidney

Right kidney biopsy: Indicate if a biopsy was performed on the right kidney. Only a Yes value copies over to the TIEDI DDR record.

Yes
No

% Glomerulosclerosis: Enter the value for the right kidney. This data copies over to the TIEDI DDR record.

Range: 0–99

Biopsy type: Select the biopsy type for the right kidney from the drop-down list.

Needle
Wedge

Number of Glomeruli: Enter the count.

Range: 0–300

Right Kidney Pump Values:

Pump Date: Enter the date (MM/DD/YYYY) the right kidney pump values were obtained. A calendar link is available.

Pump Time: Enter the time (HH:MM) the right kidney pump values were obtained.

Note: Time should be in 24-hour format.

Flow (cc/min): Enter the flow value for the right kidney pump in cc/min.

Pressure (mmHg) – Systolic: Enter the systolic pressure value for the right kidney pump in mmHg.

Range: 0–300

Pressure (mmHg) – Diastolic: Enter the diastolic pressure value for the right kidney pump in mmHg.

Range: 0–200

Resistance: Enter the resistance value for the right kidney pump.

Right kidney pump device: Select the right kidney pump device. If **Other, specify** is selected, enter the device type in the space provided.

ORS: LifePort
Waters: RM3
Waters: Waves
Other, specify

Right kidney pump solution: Select the right kidney pump solution. If **Other, specify** is selected, enter the solution in the space provided.

Belzer
Silica gel

Other, specify

Tissue preparation technique: This field is **required**.

Frozen section
FPPE section
Unknown

Number of globally sclerotic glomeruli: Enter in the number of visualized globally sclerotic glomeruli. The number must fall between 0–300. If unavailable, select the reason from the status (**ST**) drop-down list (**N/A, Not Done, Missing, Unknown**).

Nodular mesangial glomerulosclerosis:

Absent
Present
Unknown

Interstitial fibrosis/tubular atrophy (IFTA): Enter the amount of interstitial fibrosis/tubular atrophy (IFTA).

≤5%
6-25%
26-50%
>50%
Unknown

Vascular disease (% luminal narrowing): Enter the amount of vascular change.hya

None (<10%)
Mild (10-25%)
Moderate (26-50%)
Severe (>50%)
Unknown

Arteriolar hyalinosis: This field is **required**.

None
Mild to moderate (1 arteriole)
Moderate to severe (>1 arteriole)
Severe – multiple or circumferential
Unknown

Cortical necrosis: This field is **required**.

Present
Absent
Unknown

% Cortical necrosis: If cortical necrosis is present, indicate the % cortical necrosis. This field is **required**.

Fibrin thrombi: This field is **required**.

Present
Absent
Unknown

% Fibrin thrombi: If fibrin thrombi are present, indicate the % fibrin thrombi. This field is **required**.

Right kidney comments: Enter any comments concerning the kidney.

Pancreas

Pancreas comments: Enter any comments concerning the pancreas.

Liver

Liver Biopsy: If a biopsy was performed to evaluate organ histology for assessing organ function/quality of the liver, select **Yes**. If no biopsy was performed, select **No**. If a biopsy was performed only for other reasons, for example to evaluate a potentially cancerous lesion, select No. Only a Yes value copies over to the TIEDI DDR record.

Yes
No

Macrosteatosis %: If Yes is selected for Liver Biopsy, enter the percentage of macrosteatosis. The value must be between 0 and 100. This is not a required field, but should be used if liver biopsy is available at the time of offer as this will assist in screening criteria. This data field will cascade to the DDR for the appropriate data collection field. The data reported for Macrosteatosis % in DonorNet will cascade to the DDR form field.

Liver Biopsy comments: Enter any comments concerning the biopsy. This field is **required.**

Liver comments: Enter any comments concerning the liver.

Intestine

Intestine comments: Enter any comments concerning the liver/intestine.

Heart

LV ejection fraction (%): Enter the left ventricular ejection fraction value (%). This data copies over to the TIEDI DDR record. This is a **required** field.

Definition: The ratio of the volume of blood the heart empties during systole to the volume of blood in the heart at the end of diastole expressed as a percentage usually between 50 and 80 percent.

Range: 1–99

Method: Select the type of left ventricular ejection method from the drop-down list. This data copies over to the TIEDI DDR record.

Echo
MUGA
Angiogram

Note: If no LV ejection fraction value is available, OPOs will be permitted to enter Shortening Fraction instead in order to send heart and heart-lung electronic organ offers from pediatric donors (under the age of 18).

Shortening fraction (SF): Enter value (%).

Range: 0–50

Note: If no LV ejection fraction value is available, OPOs will be permitted to enter Shortening Fraction instead in order to send heart and heart-lung electronic organ offers from pediatric donors (under the age of 18).

Septal wall thickness (cm): Enter the Septal wall thickness in cm.

Range: 0.1–3.5 cm.

LV posterior wall thickness (cm): Enter the LV posterior wall thickness in cm.

Range: 0.1–3.5 cm.

Heart comments: Heart comments: Enter any comments concerning the heart.

Lungs

Date intubated: Enter the date of intubation. A calendar link is available.

Format: MM/DD/YYYY

Time intubated: Enter the time of intubation.

Format: HH:MM

Note: Time should be in 24-hour format

Lungs Measurements:

Length of left lung (cm): Enter the length of the left lung in cm.

Range: 0–200 cm.

Length of right lung (cm): Enter the length of the right lung in cm.

Range: 0–200 cm.

Aortic knob width (cm): Enter the width of the aortic knob in cm.

Range: 0–200 cm.

Diaphragm width (cm): Enter the width of the diaphragm in cm.

Range: 0–200 cm.

Chest circ. / landmark (cm): Enter the Chest circumference / landmark in cm.

Range: 0–999 cm.

Dist. RCPA to LCPA (cm): Enter the distance RCPA to LCPA in cm.

Range: 0–999 cm.

Chest X-ray: Indicate whether abnormalities were found on the chest x-ray. This data (excluding No chest x-ray, Results Unknown, and Unknown if chest x-ray performed) copies over to the TIEDI DDR record.

No chest x-ray
Normal
Abnormal-left
Abnormal-right
Abnormal-both
Results Unknown
Unknown if chest x-ray performed

Left lung comments: Enter any comments concerning the left lung.

Right lung comments: Enter any comments concerning the right lung.

VCA organs comments: Enter any comments concerning VCA organs.

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.