

## Deceased Donor Registration

Deceased Donor Registration (DDR) records are generated and available as soon as the donor organ disposition process (Donor Feedback) is completed in DonorNet®. The Deceased Donor Registration record is to be completed only for deceased donors from who at least one organ has been recovered for purposes of transplantation.

An **authorized but not recovered** donor is one in which authorization was obtained but the organs were not recovered for transplantation.

Organ recovery teams may only recover organs that they have received authorization to recover. An authorized organ should be recovered if it is transplantable or a transplant recipient is identified for the organ. If an authorized organ is not recovered, the host OPO must document the specific reason for non-recovery. This policy does not apply to VCA transplants.

A **recovered** organ donor refers to situations where authorization was obtained and at least one organ was recovered for the purpose of transplantation.

The DDR record must be completed within 60 days from the record generation date. See [OPTN Policies](#) for additional information. Use the search feature to locate specific policy information on Data Submission Requirements.

### Donor Information

The donor's ID # will be displayed at the top of this section.

**OPO:** Verify the OPO name, code and Medicare provider number of the OPO responsible for the management of the donor.

**Donor Hospital:** Verify the hospital name and the Medicare provider number of the hospital that originally referred the donor. If this information is incorrect, you may make modifications in the donor record in DonorNet®. The information will then be updated in the DDR record. A list of Medicare provider numbers for your state can be obtained in the Donor Hospitals section of DonorNet®.

**Referral Date:** Enter the date of the initial donor referral call to the OPO. Use the standard 8-digit numeric format of MM/DD/YYYY. This field is **required**.

**Recovered Outside the U.S.:** If the organs were recovered outside of the United States, select **Yes**. If the organs were not recovered outside of the United States, select **No**. This field is **required**.

If **Yes** is selected, select the name of the **Country**, from the drop-down list, where the organs were recovered.

**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.

**Note:** If the donor identity is unknown, enter the hospital-generated alias.

**DOB:** Enter the date the donor was born using the standard 8-digit numeric format of MM/DD/YYYY.

**Age:** Enter the donor's age in **Years** or **Months**.

**Birth Sex:** Report donor sex (**Male** or **Female**), based on biologic and physiologic traits at birth. If sex at birth is unknown, report sex at time of donation as reported by donor or documented in

medical record. The intent of this data collection field is to capture physiologic characteristics that may have an impact on recipient size matching or graft outcome. This field is **required**.

**Home City:** Enter the name of the city where the donor lived before hospitalization. If the donor did not live in the United States before hospitalization, enter the city and country of the donor's residence in the space provided. If donor home city is unknown, select **Unknown**. This field is **required**.

**State:** If the donor lived in the United States before hospitalization, select the state from the drop-down list where the donor's home city was located. If state is unknown, select **Unknown**.

**Zip Code:** Enter the U.S. Postal Zip Code of the location where the donor lived before hospitalization. If zip code is unknown, select **Unknown**.

**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**

**Samoaan**

**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**

If the donor's birthplace is known, use the linked OPTN resource to answer this question. If the donor's birthplace is unknown, select **Unknown**. If the donor's birthplace is unknown, T. cruzi (Chagas) testing is not required by policy.

**Citizenship:** Select as appropriate to indicate the donor's citizenship. This field is **required**.

**U.S. Citizen:** A United States citizen by birth or naturalization.

**Non-U.S. Citizen/U.S. Resident:** A non-citizen of the United States for whom the United States is the primary place of residence.

**Non-U.S. Citizen/Non-U.S. Resident:** A non-citizen of the United States for whom the United States is not the primary place of residence.

**Unknown:** Citizenship could not be determined

**Home Country:** If the donor is a non-U.S. citizen/non-U.S. resident, enter the donor's Home Country from the drop-down list. This field is **required**.

**Cause of Death:** Select the donor's cause of death from the drop-down list. This field is **required**. If the cause of death is not listed, select **Other Specify**, and enter the cause of death in the **Specify** field. If **Other Specify** is selected, this field is **required**.

Anoxia  
Cerebrovascular/Stroke  
Head Trauma  
CNS Tumor  
Other Specify

**Mechanism of Death:** Select the donor's mechanism of death from the drop-down list. If the mechanism of death is not listed, select **None of the Above**. This field is **required**.

Drowning  
Seizure  
Drug Intoxication  
Asphyxiation  
Cardiovascular  
Electrical  
Gunshot Wound  
Stab  
Blunt Injury  
SIDS  
Intracranial Hemorrhage/Stroke  
Death from Natural Causes  
None of the Above

**Circumstances of Death:** Select the donor's circumstances of death from the drop-down list. If the circumstance of death is not listed, select **None of the Above**. This field is **required**.

MVA  
Suicide  
Homicide  
Child-Abuse  
Accident, Non-MVA  
Death from Natural Causes  
None of the Above

## Authorization

**Did the OPO notify the medical examiner/coroner?:** If the donor's death was reported to the medical examiner/coroner, select **Yes**. If the donor's death was not reported to the medical examiner/coroner, select **No**. If unknown, select **Unknown**. This field is **required**.

**Did the medical examiner/coroner accept the case?:** Select **Yes** or **No**.

**Were there any transplant restrictions?** Select all that apply.

Kidney  
Pancreas  
Kidney/pancreas  
Intestine  
Liver  
Heart  
Lung  
Heart/lung

**Was the patient legally declared brain dead:** If the appropriate personnel legally declared the patient as brain dead, select **Yes**. If not, select **No**. This field is **required**.

**Did patient legally document decision to be a donor?:** If the patient had written documentation of their intent to be a donor, select **Yes**. If not, select **No**. If unknown, select **UNK**. This field is **required**.

**Was authorization obtained for organ donation?:** Select **Yes** or **No**.

**Method of authorization used:** Select the applicable option from the dropdown list.

First person  
Hierarchy

**Select the reason organ donation was not obtained:** Select the applicable option from the dropdown list.

Declined  
Not requested

**Date and time consent obtained for organ donation:** Enter the date, using the standard 8-digit numeric format of MM/DD/YYYY, and military time authorization was obtained for organ donation. If authorization is based solely on first person authorization, the time of authorization entered should be the time of death.

**Cardiac arrest since neurological event that led to declaration of brain death:** If cardiac arrest occurred between a fatal brain injury event and organ recovery, select **Yes**. If cardiac arrest did not occur, select **No**. If **No** is selected for Was this a DCD donor, this field is **required**.

**Duration of Resuscitation:** If cardiac arrest occurred between a fatal brain injury event and organ recovery, enter the total minutes of cardiac resuscitation. If **Yes** is selected for Cardiac arrest, this field is **required**. If unavailable, select the reason from the status (**ST**) drop-down list (**N/A, Not Done, Missing, Unknown**).

**Date and time of pronouncement of death (Complete for brain dead and DCD donors):** Enter the date, using the standard 8-digit numeric format of MM/DD/YYYY, and military time of pronouncement of death of the donor.

### Clinical Information

**ABO Blood Group:** The donor's blood type reported in the donor record in DonorNet displays. Verify the blood type displayed for the donor referred to your OPO.

O  
A  
B  
AB  
Z (In Utero Only)  
A1  
A1B  
A2  
A2B

**Height:** Enter the height of the donor in **ft** (feet) and **in** (inches) or **cm** (centimeters). This field is **required**. If the donor's height at the time of recovery is unavailable, select the reason from the status (**ST**) drop-down list (**N/A, Not Done, Missing, Unknown**).

**Weight:** Enter the first measured weight of the donor after hospital admission in **lbs** (pounds) or **kg** (kilograms). This field is **required**. If the donor's weight is unavailable, select the reason from the status (**ST**) drop-down list (**N/A, Not Done, Missing, Unknown**).

### Terminal Lab Data

For each of the laboratory tests enter the value, in the units indicated, from tests performed during donor management and prior to the donor entering the operating room. These fields are **required**. If a lab value is unavailable, select the reason from the status (**ST**) drop-down list (**N/A, Missing, Unknown**).

**Protein in Urine (Yes, No, UNK)**

**Serum Sodium (mEq/L)**

**BUN (mg/dL)**

**Serum Creatinine (mg/dL)**

**Total Bilirubin (mg/dL)**

**SGOT/AST (u/L)**

**SGPT/ALT (u/L)**

**INR**

**Hematocrit (%)**

**Pancreas (PA Donors Only):** These fields are required for pancreas donors.

**Serum Amylase (u/L)**

**Serum Lipase (u/L)**

**HbA1c (%)**

### **Infectious Disease Testing:**

For each of the tests listed, select the results from the lists (**Cannot Disclose, Indeterminate/Equivocal, Negative, Not Done, Positive, or Unknown**). These fields are **required**.

**HIV**

**HIV Antigen/Antibody**

**HTLV**

**RPR-VDRL**

**Anti-CMV**

HBsAg  
Anti-HBc  
Anti-HCV  
HBsAb  
EBV (VCA) (IgG)  
EBV (VCA) (IgM)  
EBNA  
T.cruzi Ab Screen  
West Nile  
Toxoplasma (IgG)  
Strongyloides Ab  
HIV NAT  
HBV DNA  
HCV NAT  
HTLV NAT  
West Nile NAT

**Note:** For CMV, a titer of >1:4 for the complement fixation or latex agglutination tests, a titer of >1:10 for IgG-immunofluorescence (IF) and a titer of >1:16 for IgM-IF are usually considered positive. If the test(s) are below the threshold considered positive, the result should be marked **Negative**. If testing was done, but for a rare reason, results are inconclusive, select **Indeterminate**. If testing was not done, select **Not Done**. Select **Unknown** if no results are found. If you cannot disclose the results, select **Cannot Disclose**.

**Note:** For Epstein-Barr Virus (**EBV (VCA) (IgG)**, **EBV (VCA) (IgM)**, and **EBNA**) serologies, a titer level of <1:10 is considered **Negative**.

### Donor Management

List any medications administered within 24 hours prior to crossclamp.

If any of the listed medications were given to the donor within 24 hours prior to crossclamp, select **Yes**. If not, select **No**. If unknown, select **UNK**. You should enter as many medications as will fit in the boxes. Do NOT enter electrolytes such as KCL, KPhos etc. If a medication falls under more than one category (antihypertensives and vasodilators) select **Yes** for both categories. These fields are **required** for form validation, except for **Other/Specify**.

Steroids  
Diuretics  
T3  
T4  
Antihypertensives  
Vasodilators  
DDAVP (synthetically derived vasopressor (e.g. DDAVP or Desmopressin))  
Heparin  
Arginine Vasopressin (human or animal derived vasopressor (e.g. pitressin, vasopressin, argipressin))  
Insulin

Other/Specify  
Other/Specify  
Other/Specify

**Inotropic medications at time of cross clamp or at time of withdrawal of life-sustaining medical support:** If any inotropic agents were administered at the time of cross clamp, select **Yes**. If not, select **No**. If unknown, select **UNK**.

**Note:** Vasopressin and T4 are NOT inotropes.

If **Yes** is selected, complete the following:

**Medication:** Select the medication from the drop-down list. If **Yes** is selected for **Inotropic Medications at Time of Cross Clamp**, this field is **required**. If the medication is not listed, select **Other, specify**. Enter the medication in the **Specify** field. If **Other, specify** is selected, this field is **required**.

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

**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.

## Support Therapies

**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** or **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.

### Clinical Infection

**Clinical Infection Confirmed by Culture:** If there is documented evidence of any clinical infection (of any positive cultures) during this hospitalization for the donor, select **Yes**. If there is no documented evidence of any clinical infection during this hospitalization for the donor, select **No**. If the donor's history of infection is unknown, select **UNK**. This field is **required**.

If there is documented evidence of any clinical infection during this hospitalization for the donor, select whether the **Source** was **Blood, Lung, Urine** and/or **Other, specify**. If **Yes** is selected for **Clinical Infection by Culture**, these fields are required. If **Other specify** is selected, enter the source in the space provided. If **Other specify** is selected, this field is **required**. If there are any positive cultures, the answers will be Yes.

### Lifestyle Factors

**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 **UNK**. This field is **required**.

Pack years refers to the number of packs of cigarettes the donor smoked per day multiplied by the number of years. For example, a donor smoking 2 packs of cigarettes per day for 10 years equals 20 pack years. Another example is 1 1/2 packs per day for 10 years equals 15 pack years.

**AND continued in last six months:** If the donor used cigarettes for more than 20 pack years **and** has continued usage within the last 6 months, select **Yes**. If the donor has not used cigarettes within the last 6 months, select **No**. If cigarette usage in the last 6 months is unknown, select **UNK**. If **Yes** is selected for **Cigarette Use**, this field is **required**.

**Ever use or take drugs, such as steroids, cocaine, heroin, amphetamines, or opioids?** If the donor has ever abused or had a dependency to steroids, cocaine, heroin, amphetamines, or opioids, select **Yes**. If not, select **No**. If drug use is unknown, select **UNK**.

**Type of drug:** Select the type of drug.

**How often and how long was it used?:** Select how often and how long was the drug used.

**When was it last used?:** Select when was the drug last used.

**Route:** Select the route the drug was used.

Inhaled  
Needles  
Ingested

**Heavy Alcohol Use (heavy = 2+ drinks/day):** If the donor has a history of having two or more alcoholic drinks per day, select **Yes**. If not, select **No**. If alcohol use is unknown, select **UNK**. This field is **required**.

**According to the OPTN policy in effect, does the donor have risk factors for blood-borne disease transmission?:** If the deceased donor meets the criteria for increased risk for HIV, Hepatitis B, and Hepatitis C transmission set forth in the current U.S. Public Health Services (PHS) Guideline, **Yes** displays. If not, **No** displays.

**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 Diabetes:** If the donor has a documented history of diabetes mellitus prior to this hospitalization, select **Yes** and the number of years from the drop-down list. If the duration is unknown, select **Yes, Duration Unknown**. If the donor does not have a history of diabetes, select **No**. A donor should *not* be considered as having a history of diabetes based on gestational diabetes only. If the donor's history is unknown, select **Unknown**. This field is **required**.

No  
Yes, 0-5 Years  
Yes, 6-10 Years  
Yes, > 10 Years  
Yes, Duration Unknown  
Unknown

**Insulin Dependent:** If the donor has a history of diabetes **and** is insulin dependent, select **Yes** and the number of years from the drop-down list. If the duration is unknown, select **Yes, Duration Unknown**. If the donor is not insulin dependent, select **No**. If the donor's insulin history is unknown, select **Unknown**. If **Yes** is selected for **History of Diabetes**, this field is **required**.

No  
Yes, 0-5 Years  
Yes, 6-10 Years  
Yes, > 10 Years  
Yes, Duration Unknown  
Unknown

**History of Hypertension:** If the donor has a documented history of hypertension prior to this hospitalization, select **Yes** and the number of years from the drop-down list. If the duration is unknown, select **Yes, Unknown Duration**. If the donor's hypertension history is unknown, select **Unknown**. This field is **required**.

No  
Yes, 0-5 Years  
Yes, 6-10 Years  
Yes, >10 Years  
Yes, Unknown Duration  
Unknown

**If yes, method of control:** Select **Yes**, **No** or **UNK** (unknown) for each method of hypertension control listed. If **Yes** is selected for **History of Hypertension**, these fields are **required**.

Diet  
Diuretics  
Other anti-hypertensive medication

**History of Cancer:** If the donor has a documented history of any type of cancer prior to this hospitalization, select the primary cancer site from the drop-down list. If the donor has no documented history of any type of cancer prior to this hospitalization, select **No** from the drop-

down list. If the donor's cancer history is unknown, select **Unknown**. This field is **required**. If the primary cancer site is not listed, select **Other, Specify**. Enter the cancer site in the **Specify** field. If **Other, Specify** is selected, this field is **required**.

No  
Skin - Squamous, Basal Cell  
Skin - Melanoma  
CNS Tumor - Astrocytoma  
CNS Tumor - Glioblastoma Multiforme  
CNS Tumor - Medulloblastoma  
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 (Include bronchial)  
Leukemia/Lymphoma  
Unknown  
Other, Specify

**Cancer at time of procurement:** If the donor exhibited documented clinical signs of cancer at the time of recovery, select **Yes** for each of the categories listed. If the donor did not exhibit documented clinical signs of cancer at the time of recovery for any listed category, select **No**. If unknown, select **UNK**. These fields are **required**.

**Intracranial:** Enter which type of intracranial cancer from the following options. If the primary cancer type is not listed, select **Other, Specify**. Enter the cancer type in the **Specify** field. If **Other, Specify** is selected, this field is **required**.

Astrocytoma  
Medulloblastoma  
Glioblastoma Multiforme  
Neuroblastoma

**Meningioma**  
**Malignant Meningioma**  
**Benign Angioblastoma**  
**Unknown**  
**Other specify**

**Extracranial:** Enter which type of extracranial cancer from the following options. If the primary cancer type is not listed, select **Other, Specify**. Enter the cancer type in the **Specify** field. If **Other, Specify** is selected, this field is **required**.

**Kidney**  
**Breast**  
**Thyroid**  
**Tongue/Throat/Larynx**  
**Lung**  
**Leukemia/Lymphoma**  
**Liver**  
**Unknown**  
**Other Specify**

**Skin:** Enter which type of skin cancer from the following options. If the primary cancer type is not listed, select **Other, Specify**. Enter the cancer type in the **Specify** field. If **Other, Specify** is selected, this field is **required**.

**Squamous Cell**  
**Basal Cell**  
**Melanoma**  
**Unknown**  
**Other Specify**

**Chagas History:** If the donor has a documented history of chagas prior to this hospitalization, select **Yes**. If the donor does not have a chagas, select **No**. If the donor's history is unknown, select **UNK**. This field is **required**.

**TB History:** If the donor has a documented history of TB prior to this hospitalization, select **Yes**. If the donor does not have a TB, select **No**. If the donor's history is unknown, select **UNK**. This field is **required**.

### Organ Recovery

Complete the requested information for each displayed organ type listed.

**Recovery Date (donor to OR):** Enter the date the donor entered the operating room for the purpose of organ recovery. Use the standard 8-digit numeric format of MM/DD/YYYY. If the operation began in the evening and concluded the next day, enter the date the operation began. Modification can be made in the donor feedback if incorrect. This field is **required**.

**Was this donor recovered under DCD protocol:** If this donor was a DCD (Donation after Circulatory Death) donor, select **Yes**. If this donor was not a DCD donor, select **No**.

**Note:** **No** cannot be selected as the response if **No** was selected for **Was the patient legally**

**brain dead.** This field is **required**. Donation after Circulatory Death (DCD) describes the organ recovery process that may occur following death by irreversible cessation of circulatory and respiratory functions. A DCD donor may also be called a non-heartbeating, asystolic, or donation after cardiac death donor.

**If Yes, Controlled DCD:** If this was a DCD donor and the DCD donor was controlled, select **Yes**. If the DCD donor was not controlled, select **No**. If **Yes** is selected for **Was this donor recovered under DCD protocol**, this field is **required**.

A **controlled DCD donor** is a donor whose life sustaining treatment will be withdrawn and whose family gave written consent for organ donation in the controlled environment. A controlled DCD donor will be defined by the Maastricht classification III [awaiting cardiac arrest; patient on intensive care unit with non-survivable injuries who have withdrawal of life sustaining treatment.]

An **uncontrolled DCD donor** can be a patient who is declared dead and catheters may be placed in the vessels and/or peritoneum to cool the organs until consent/authorization can be obtained; a patient who suffers a cardiac arrest requiring CPR for rapid procurement of the organs. As with all donors, an uncontrolled DCD donor is only a donor if at least one organ is recovered for the purpose of transplantation.

**Withdrawal of life-sustaining medical support:** Withdrawal of support is the withdrawal of life sustaining treatments; the actual point where the patient's attending physician or designee begins the process of removing life sustaining treatments and not when the order is written. Enter the date, using the standard 8-digit format of MM/DD/YYYY format, and military time of the withdrawal of support. The date must be between the referral date and the date and time of death. If the date and time are unavailable, select the reason from the status (ST) drop-down list (**Missing, Unknown, N/A, Not Done**). If **Yes** is selected for **If Yes, Controlled DCD**, this field is **required**.

**Cessation of circulation:** Enter the date, using the standard 8-digit format of MM/DD/YYYY format, and military time of the cessation of circulation. If unavailable, select the reason from the status (ST) drop-down list (**Missing, Unknown, N/A, Not Done**).

**Date and time agonal phase begins (systolic BP < 80 mmHg or O<sub>2</sub> sat. < 80% sustained):** Agonal Phase begins when one of the following conditions is met and sustained for a minimum of five (5) minutes:

- a. Newborn up to 28 days old, with a systolic blood pressure less than 60 mm Hg, OR
- b. 29 days old up to 12 months old, with a systolic blood pressure less than 70 mm Hg, OR
- c. 1 year old up to 10 years old, with a systolic blood pressure less than 70 mm Hg, plus 2 times the age of the patient in years, not to exceed 79 mm Hg, OR
- d. 11 years or older, with a systolic blood pressure less than 80 mm Hg, OR when the oxygen saturation is less than 80% at any age.

Enter the date, using the standard 8-digit format of MM/DD/YYYY format, and military time when the agonal phase begins. The date and time must be up to 60 minutes prior to the date and time of withdrawal of support, but not later than the day after the recovery day. If the date and time are unavailable, select the reason from the status (ST) drop-down list (**Missing, Unknown, N/A, Not Done**). If **Yes** is selected for **If Yes, Controlled DCD**, this field is **required**.

**Normothermic regional perfusion (NRP) recovery:** If NRP was used, select **Yes**. If not, select **No**.

**Initiation of NRP:** Enter the date, using the standard 8-digit format of MM/DD/YYYY format, and military time of the initiation of NRP (Normothermic Regional Perfusion). If unavailable, select the reason from the status (ST) drop-down list (**Missing, Unknown, N/A, Not Done**).

**Core cooling flush used:** If flush was used, select **Yes**. If flush was not used, select **No**. If Yes is selected for **If Yes, Controlled**, this field is **required**.

**Flush:** The initiation of cold perfusion in situ.

**Date and time of abdominal aorta core cooling:** Enter the date and time of the initiation of abdominal aorta flush (the date and time of the initiation of cold perfusion in situ). Enter the date, using the standard 8-digit format of MM/DD/YYYY format, and military time of abdominal aorta cannulation. The value entered cannot be more than 60 minutes after the cross clamp time. If **Yes** is selected for **Was this donor recovered under DCD protocol**, this field is **required**. If unavailable, select the reason from the status (ST) drop-down list (**N/A, Not Done, Missing, Unknown**).

**Date and time of thoracic aorta core cooling:** Enter the date and time of the initiation of thoracic aorta flush (the date and time of the initiation of cold perfusion in situ). Enter the date, using the standard 8-digit format of MM/DD/YYYY format, and military time of thoracic aorta cannulation. The value entered cannot be more than 60 minutes after the cross clamp time. If **Yes** is selected for **Was this donor recovered under DCD protocol**, this field is **required**. If unavailable, select the reason from the status (ST) drop-down list (**N/A, Not Done, Missing, Unknown**).

**Date and time of portal vein core cooling:** Enter the date and time of the initiation of portal vein flush (the date and time of the initiation of cold perfusion in situ). Enter the date, using the standard 8-digit format of MM/DD/YYYY format, and military time of portal vein cannulation. The value entered cannot be more than 60 minutes after the cross clamp time. If **Yes** is selected for **Was this donor recovered under DCD protocol**, this field is **required**. If unavailable, select the reason from the status (ST) drop-down list (**N/A, Not Done, Missing, Unknown**).

**Date and time of pulmonary artery core cooling:** Enter the date and time of the initiation of pulmonary artery flush (the date and time of the initiation of cold perfusion in situ). Enter the date, using the standard 8-digit format of MM/DD/YYYY format, and military time of pulmonary artery cannulation. The value entered cannot be more than 60 minutes after the cross clamp time. If **Yes** is selected for **Was this donor recovered under DCD protocol**, this field is **required**. If unavailable, select the reason from the status (ST) drop-down list (**N/A, Not Done, Missing, Unknown**).

**If No, Was this an authorized DCD donor that progressed to brain death?:** Select **Yes** or **No**.

**Clamp Date:** Enter the date the aorta was cross clamped. Use the standard 8-digit numeric format of MM/DD/YYYY. This field is **required**.

**Clamp Time: (Military Time):** Enter the time the aorta was cross clamped. If the time the aorta was cross clamped is unavailable, select the reason from the status (ST) drop-down list (**N/A, Not Done, Missing, Unknown**). This field is **required**.

**Clamp Time Zone:** Select the time zone from the drop-down list which corresponds with the time and location of the recovery. This field is **required**.

Eastern  
Central  
Mountain  
Pacific

Alaska  
Hawaii  
Atlantic

**History of previous MI:** If the donor had a history of myocardial infarction, select **Yes**. If the donor did not have a history of myocardial infarction, select **No**. If this information is unknown, select **UNK**. This field is **required**.

**LV ejection fraction (%):** Provide the left ventricular ejection fraction, if known. This should be the final measurement collected prior to the donor entering the operating room. If the left ventricular ejection fraction is unavailable, select the reason from the status (**ST**) drop-down list (**N/A, Not Done, Missing, Unknown**). This field is **required**.

**Method:** Select the left ventricular ejection method from the drop-down list. If a value is entered for LV ejection fraction, this field is **required**.

Echo (echocardiogram)  
MUGA (multiple gated acquisition scan)  
Angiogram

**If LV, Ejection Fraction < 50%:**

**Structural Abnormalities:** If there were abnormalities, select **Yes** for each of the affected locations. If there were no abnormalities at the location, select **No**. If a value is entered for LV ejection fraction, this field is **required**.

Valves  
Congenital  
LVH

**Wall Abnormalities:** If there were abnormalities, select **Yes** for each of the affected type. If there were no abnormalities of the type, select **No**. If a value is entered for LV ejection fraction, this field is **required**.

Segmental  
Global

**Heart machine perfusion:** If there was machine used in preservation of the heart, select **Yes**. If not, select **No**. This field is **required**.

**Coronary Angiogram:** If the donor had a coronary angiogram, select **Yes, normal** or **Yes, not normal** from the list. If the donor did not have a coronary angiogram, select **No**. This field is **required**.

No  
Yes, normal (no evidence of coronary artery disease)  
Yes, abnormal but non-obstructive (all stenosis determined to be < 70%)  
Yes, abnormal and obstructive (presence of any stenosis determined to be > 70%)

**If Abnormal, # of Vessels with > 50% Stenosis:** If the results of the coronary angiogram were abnormal, select the number of vessels with more than 50% stenosis from the list. If this information is unknown, select **Unknown** from the drop-down list. This field is **required**.

0  
1  
2  
3  
Unknown



**ABG Results:** This field is display only.\_

**Blood pH:** Enter the blood pH level for the donor.

**PCO<sub>2</sub>:** Enter the PCO<sub>2</sub> in mmHg. If unavailable, select the reason from the status (ST) drop-down list (N/A, Not Done, Missing, Unknown). This field is **required**.

**PO<sub>2</sub>:** Enter the terminal value in mmHg. If unavailable, select the reason from the status (ST) drop-down list (N/A, Not Done, Missing, Unknown). This field is **required**.

**PEEP:** Enter the PEEP value in mmHg performed closest to the time of recovery. If unavailable, select the reason from the status (ST) drop-down list (N/A, Not Done, Missing, Unknown).

**FiO<sub>2</sub>:** Enter the terminal percent (i.e. 40%) of FiO<sub>2</sub>. If unavailable, select the reason from the status (ST) drop-down list (N/A, Not Done, Missing, Unknown). This field is **required**.

**Ventilator mode:** closest to the time of recovery: Select the appropriate option.

A/C

CMV

SIMV

PRVC

APRV

HFOV

Other, specify

If **Other Specify** is selected, enter the specific ventilator mode in the Specify field.

**Were advanced hemodynamic parameter data obtained?:**

Yes

No

**Method:** If yes, indicate the method (**pulmonary artery catheter, minimally invasive monitoring**) and report one set of measurements.

**Was a pulmonary artery catheter placed:** If a pulmonary artery catheter was in place or placed during donor management, select **Yes**. If not, select **No**. This field is **required**.

**If Yes, Initial (baseline) and Final-Preoperative measurements:** If a pulmonary artery catheter was in place or placed during donor management, enter the Initial (baseline) and Final (preoperative) measurements for the following fields. For pulmonary artery catheters in place prior to donor management, the Initial (baseline) measurements would be the first measurements once donor management has commenced. All values should be entered from the same reading. For example, if there is no PCWP - do not enter the PCWP from another reading. If **Yes** is selected for Was a pulmonary artery catheter placed, these fields are required. If unavailable, select the reason from the status (ST) drop-down list (N/A, Not Done, Missing, Unknown). If the pulmonary artery catheter was removed before donor management began or when donor management started, then the OPO does not need to supply measurements.

**MAP: (mmHg) (Mean arterial pressure)**

**CVP: (mmHg) (Central Venous Pressure)**

**PCWP: (mmHg) (Pulmonary Capillary Wedge Pressure)**

**SVR: ((dynes/sec/cm)<sup>5</sup>) (Systemic Vascular Resistance)**

**PA Systolic: (mmHg) (Pulmonary Artery Pressure Systolic)**

**PA Diastolic: (mmHg) (Pulmonary Artery Pressure Diastolic)**

**CO: (L/min) (Cardiac Output)**

**Cardiac Index: (L/min/sq. m)**

**Left Kidney Biopsy:** If a biopsy was performed to evaluate organ histology for assessing organ function/quality of the left kidney, select **Yes**. And If there was more than one biopsy, enter the results from the final biopsy result. 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**. This is a **required** field if the left kidney (or en bloc kidneys) was recovered or transplanted.

**Biopsy type:** The method by which tissue is removed from the patient for diagnostic examination. If a biopsy was performed, select the type of biopsy performed:

**Wedge**

**Core needle**

**Tissue preparation technique:** The method by which biopsy material is prepared for histologic examination. This field is **required**.

**Frozen section**

**FPPE section**

**Unknown**

**Interstitial fibrosis and tubular atrophy (IFTA):** Interstitial fibrosis is the accumulation of fibrous tissue between the tubules. Tubular atrophy is the shrinkage of tubules with variable thickening of the tubular basement membrane and flattening of the tubular epithelium. Once the type of biopsy performed is selected, enter the amount of interstitial fibrosis/tubular atrophy (IFTA):

**≤5%**

**6-25%**

**26-50%**

**>50%**

**Unknown**

**Vascular disease (percent luminal narrowing of the most severely involved vessel):**

Vascular disease is fibrous thickening of the intima of arteries, measured by the percent luminal narrowing (the reduction in diameter of vessel lumens) of the most severely involved vessel. Once the type of biopsy performed is selected, enter the amount of vascular change:

**None (<10%)**

**Mild (10-25%)**

**Moderate (26-50%)**

**Severe (>50%)**

**Unknown**

**Number of globally sclerotic glomeruli:** The number of glomeruli exhibiting global (complete) collapse of glomerular capillary walls and consolidation of the glomerular tuft by extracellular matrix, causing capillary luminal obliteration. If the number of the glomeruli was not entered in DonorNet® previously, enter in the number visualized. 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**).

**Number of glomeruli**: The total of all glomerular capillary tufts in the sample, including sclerotic and non-sclerotic tufts. If the number of the glomeruli was not entered in DonorNet® previously, enter in the number visualized. If unavailable, select the reason from the status (ST) drop-down list (**N/A, Not Done, Missing, Unknown**).

**% Globally sclerotic glomeruli**: The percentage of glomeruli exhibiting global (complete) collapse of glomerular capillary walls and consolidation of the glomerular tuft by extracellular matrix, causing capillary luminal obliteration. Select the glomerulosclerosis percentage for the left kidney.

0–5  
6–10  
11–15  
16–20  
20+  
Indeterminate

**Nodular mesangial glomerulosclerosis**: Rounded accumulation of collagenous matrix expanding one or more mesangial areas.

Absent  
Present  
Unknown

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

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

**Cortical necrosis**: Deaths of cortical cells, typically affecting all three tissue compartments. This field is **required**.

Present  
Absent  
Unknown

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

**% Cortical necrosis//Status**: If % Cortical necrosis is unavailable, select the reason from the status drop down list. This field is **required**.

Missing  
Unknown

N/A  
Not done

**Fibrin thrombi:** Capillary lumen aggregate of coagulated blood containing fibrin and platelets, with or without entrapped cellular elements. This field is **required**.

Present  
Absent  
Unknown

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

**% Fibrin thrombi//Status:** If % Fibrin thrombi is unavailable, select the reason from the status drop down list. This field is **required**.

Missing  
Unknown  
N/A  
Not done

**Pump:** If a pump was used in preservation of the left kidney, select **Yes**. If not, select **No**. If the left kidney (or en bloc kidneys) was recovered or transplanted, this field is **required**.

**Type of Left Kidney Pump/Machine:** Enter the type of pump/machine used to perfuse the left kidney

ORS: LifePort  
Waters: RM3  
Waters: Waves  
Other specify

If other specify is selected, provide the type of left kidney pump/machine in the text field.

**Final Resistance Prior to Shipping:** If Yes is selected for Pump, enter the resistance value. If Yes is selected for Pump, this field is **required**. If data is unavailable, select the reason from the status (ST) drop-down list (N/A, Not Done, Missing, Unknown).

**Transferred to transplant center on pump:** If pump was used in preservation of the left kidney and the organ was transferred to the transplant center on pump, select Yes. If not, select **No**. If Yes is selected for **Pump**, this field is **required**.

**Right Kidney Biopsy:** If a biopsy was performed to evaluate organ histology for assessing organ function/quality of the right kidney, select **Yes**. And If there was more than one biopsy, enter the results from the final biopsy result. 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. This is a **required** field if the right kidney (or en bloc kidneys) was recovered or transplanted.

**Biopsy type:** The method by which tissue is removed from the patient for diagnostic examination. If a biopsy was performed, select the type of biopsy performed:

**Wedge**  
**Core needle**

**Tissue preparation technique:** The method by which biopsy material is prepared for histologic examination. This field is **required**.

**Frozen section**  
**FPPE section**  
**Unknown**

**Interstitial fibrosis and tubular atrophy (IFTA):** Interstitial fibrosis is the accumulation of fibrous tissue between the tubules. Tubular atrophy is the shrinkage of tubules with variable thickening of the tubular basement membrane and flattening of the tubular epithelium. Once the type of biopsy performed is selected, enter the amount of interstitial fibrosis/tubular atrophy (IFTA):

**≤5%**  
**6-25%**  
**26-50%**  
**>50%**  
**Unknown**

**Vascular disease (percent luminal narrowing of the most severely involved vessel):**

Vascular disease is fibrous thickening of the intima of arteries, measured by the percent luminal narrowing (the reduction in diameter of vessel lumens) of the most severely involved vessel. Once the type of biopsy performed is selected, enter the amount of vascular change:

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

**Number of globally sclerotic glomeruli:** The number of glomeruli exhibiting global (complete) collapse of glomerular capillary walls and consolidation of the glomerular tuft by extracellular matrix, causing capillary luminal obliteration. If the number of the glomeruli was not entered in DonorNet® previously, enter in the number visualized. 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).

**Number of glomeruli:** The total of all glomerular capillary tufts in the sample, including sclerotic and non-sclerotic tufts. If the number of the glomeruli was not entered in DonorNet® previously, enter in the number visualized. If unavailable, select the reason from the status (ST) drop-down list (N/A, Not Done, Missing, Unknown).

**% Globally sclerotic glomeruli:** The percentage of glomeruli exhibiting global (complete) collapse of glomerular capillary walls and consolidation of the glomerular tuft by extracellular matrix, causing capillary luminal obliteration. Select the glomerulosclerosis percentage for the right kidney.

0–5  
6–10  
11–15  
16–20  
20+  
Indeterminate

**Nodular mesangial glomerulosclerosis:** Rounded accumulation of collagenous matrix expanding one or more mesangial areas.

Absent  
Present  
Unknown

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

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

**Cortical necrosis:** Deaths of cortical cells, typically affecting all three tissue compartments. This field is **required**.

Present  
Absent  
Unknown

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

**% Cortical necrosis//Status:** If % Cortical necrosis is unavailable, select the reason from the status drop down list. This field is **required**.

Missing  
Unknown  
N/A  
Not done

**Fibrin thrombi:** Capillary lumen aggregate of coagulated blood containing fibrin and platelets, with or without entrapped cellular elements. This field is **required**.

Present  
Absent  
Unknown

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

**% Fibrin thrombi//Status:** If % Fibrin thrombi is unavailable, select the reason from the status drop down list. This field is **required**.

**Missing**  
**Unknown**  
**N/A**  
**Not done**

**Pump:** If a pump was used in preservation of the right kidney, select **Yes**. If not, select **No**. If the right kidney (or enbloc kidneys) was recovered or transplanted, this field is **required**.

**Type of Right Kidney Pump/Machine:** Enter the type of pump/machine used to perfuse the left kidney.

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

If other specify is selected, provide the type of left kidney pump/machine in the text field.

**Final Resistance Prior to Shipping:** If Yes is selected for Pump, enter the resistance value. If Yes is selected for Pump, this field is **required**. If data is unavailable, select the reason from the status (ST) drop-down list (**N/A, Not Done, Missing, Unknown**).

**Transferred to transplant center on pump:** If pump was used in preservation of the right kidney and the organ was transferred to the transplant center on pump, select **Yes**. If not, select **No**. If Yes is selected for **Pump**, this field is **required**.

**Liver Biopsy:** If a biopsy was performed to evaluate organ histology for assessing organ function/quality of the liver, select **Yes**. And If there was more than one biopsy, enter the results from the final biopsy result. 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. This is a **required** field.

**Type of Liver Biopsy:** Enter the type of liver biopsy

**Core**  
**Wedge**  
**Other specify**

If **Other specify** is selected, provide the type of liver biopsy in the text field.

**% Macro vesicular fat:** If **Yes** is selected for **Liver Biopsy**, enter the percentage of macro vesicular fat. This field is **required**. If data is unavailable, select the reason from the status (ST) drop-down list (**N/A, Not Done, Missing, Unknown**).

**Macrovesicular** - Large fat droplets balloon the liver cell, displacing the nucleus to the periphery of the cell, like an adipocyte. Triglycerides accumulate most commonly because it has the highest turnover rate of all hepatic fatty acid esters. Liver uptake of FFA from adipose tissue and the diet is unrestrained, whereas FFA disposition by oxidation, esterification, and VLDL secretion is limited.

**% Micro/intermediate vesicular fat:** If Yes is selected for Liver Biopsy, enter the percentage of micro/intermediate vesicular fat. This field is **required**. If data is unavailable, select the reason from the status (ST) drop-down list (N/A, Not Done, Missing, Unknown).

**Microvesicular** - Fatty liver, small fat droplets accumulate, cells appear foamy, and nuclei are central. Triglycerides collect in subcellular organelles (i.e. endoplasmic reticulum), reflecting widespread metabolic disturbance. Mitochondrial injury limits FFA oxidation, while apoprotein synthesis necessary for VLDL secretion is depressed, leading to triglyceride accumulation.

**Fibrosis:** If Yes is selected for Liver Biopsy, enter in the appropriate value using the ISHAK scoring system:

- 0 = No Fibrosis
- 1 = Fibrosis expansion of some portal areas, with or without short fibrous septa
- 2 = Fibrosis expansion of most portal areas, with or without short fibrous septa
- 3 = Fibrosis expansion of most portal areas, with occasional portal to portal bridging
- 4 = Fibrosis expansion of portal areas, with marked bridging (portal to portal as well as portal to central)
- 5 = Marked bridging with occasional nodules (incomplete cirrhosis)
- 6 = cirrhosis, probable or definite

**Portal Infiltrates:** If Yes is selected for Liver Biopsy, enter in the appropriate value for Portal Infiltrates. Inflammatory infiltrates value should be used versus fat content (steatosis).

- 0 = None Noted
- 1 = Mild, some or all portal areas
- 2 = Moderate, some or all portal areas
- 3 = Moderate/Marked
- 4 = Marked, all portal areas

**Liver Machine Perfusion:** If a liver machine was used for perfusion, select **Yes**. If not, select **No**. This field is **required**.

**Type of Liver Machine Perfusion:** Enter the type of pump/machine used to perfuse the liver.

**Normothermic**

**Hypothermic**

**Other Specify**

If **Other/Specify** is selected, provide the type of pump/machine in the text field.

**Left Lung Bronchoscopy and Right Lung Bronchoscopy:** If a lung was recovered or transplanted, select the results of the bronchoscopy procedure from the drop-down list. If multiple bronchoscopies are performed, enter the results from the last bronchoscopy



performed prior to the donor entering the operating room. If the results were abnormal, select **Abnormal** with the type of abnormality. If a bronchoscopy was not performed, select **No Bronchoscopy**. This field is **required**.

**No Bronchoscopy**

**Bronchoscopy Results normal**

**Bronchoscopy Results, Abnormal-other**

**Bronchoscopy Results, Abnormal-purulent secretions**

**Bronchoscopy Results, Abnormal-aspiration of foreign body**

**Bronchoscopy Results, Abnormal-blood**

**Bronchoscopy Results, Abnormal-anatomy/other lesion**

**Bronchoscopy Results, Unknown**

**Left/Right Lung Machine Perfusion:** If a lung machine was used for perfusion, select **Yes**. If not, select **No**. If a lung was recovered or transplanted, this field is **required**.

**Chest X-ray:** If a lung was recovered or transplanted, select the results of the chest x-ray from the drop-down list. If abnormalities were found on the chest x-ray, select **Abnormal** with the location. If this information is unknown, select **Unknown** if chest x-ray performed. If a chest x-ray was performed and the results are unknown, select **Results unknown**. If no chest x-ray was performed, select **No chest x-ray**. This field is **required**.

**No chest x-ray**

**Normal**

**Abnormal-left**

**Abnormal-right**

**Abnormal-both**

**Results Unknown**

**Unknown if chest x-ray performed**

## Organ Disposition

Complete the requested information for each displayed organ type listed.

**Organ:** Verify the final disposition of the organ.

**Consent Not Requested**

**Consent Not Obtained**

**Organ Not Recovered**

**Recovered Not for Tx**

**Recovered for Tx but Not Tx**

**Transplanted**

**N/A**

**Date and time [organ] recovered/removed from donor:** (when the organ is placed in the basin): Enter the date, using the standard 8-digit format of MM/DD/YYYY format, and military time of organ recovery/removal. If the organ was recovered or transplanted and **Yes** is selected for **Was this a DCD donor**, this field is **required**.

**Recipient:** The recipient name from the Waitlist removal record displays. Verify that the recipient listed is correct.

**TX Center:** The recipient's transplant center displays. Verify that the center is correct.

**Reason Code:** Select the appropriate reason code from the drop-down list. This field is **required**. If **Other**, specify is selected, enter the reason in the space provided. If **Other**, specify is selected, this field is **required**.

If consent was not requested, select the appropriate reason from the drop-down list.  
The remaining questions for this organ will not display.

**Donor age**  
**Non-heart beating donor**  
**History of previous cardiac surgery (valid for heart only)**  
**History of severe cardiac disease (valid for heart only)**  
**History of lung disease (valid for lung only)**  
**History of gastro-intestinal disease (valid for intestine only)**  
**History of diabetes mellitus (valid for pancreas only)**  
**Pancreatitis (valid for pancreas only)**  
**Acute/chronic renal failure**  
**Donor quality**  
**Donor ABO**  
**Other specify**

If consent was not obtained, select the appropriate reason from the drop-down list.  
The remaining questions for this organ will not display.

**Emotional**  
**Cultural beliefs**  
**Religious beliefs**  
**Family conflict**  
**Other, specify**

If the organ was not recovered, select the appropriate reason from the drop-down list. The remaining questions for this organ will not display.

**Poor organ function**  
**Cardiac Arrest**  
**Infection**  
**Positive Hepatitis**  
**Positive HIV**  
**Diseased organ**  
**Anatomical abnormalities (not valid for PA or PA segments)**  
**Vascular damage**  
**Donor medical history**  
**Donor social history**  
**Biopsy findings**  
**Surgical damage in OR**  
**No potential recipients on the match run**  
**No local recovery team**  
**Organ refused by all regional programs**  
**Organ refused by all national programs**  
**Organ refused by all programs with urgent need**  
**Ruled out after evaluation in OR**  
**Ruled out due to biopsy**  
**Ejection fraction < 50%**  
**PO<sub>2</sub> < 200 on O<sub>2</sub> challenge**  
**Hemodynamically unstable donor**  
**Trauma to organ**  
**Positive (+) gram stain**  
**Time constraints**  
**Medical Examiner restricted recovery**  
**Replaced/aberrant RHA or CHA traversing head of PA (valid only for PA and PA segments)**

**IPDA-SMA junction identified within 5mm from RHA junction (valid only for PA and PA segments)**  
**IPDA originating directly from RHA (valid only for PA and PA segments)**  
**Other anatomical abnormality (valid only for PA and PA segments)**  
**Other, specify**

If the organ was recovered but not for transplant use, select the appropriate reason from the drop-down list.

**Recovered for Research**  
**Recovered for Heart Valves**  
**Recovered for Extra-corporeal Liver**  
**Recovered only for purpose Hepatocytes**  
**Recovered Organ for Technical Reasons**

If the organ was recovered for a transplant but not used for a transplant, select the appropriate reason from the drop-down list.

**Recovered for Transplant: Discarded Locally**  
**Recovered for Transplant: Shared and Discarded**  
**Recovered for Transplant: Submitted for Research**  
**Recovered for Transplant: Sent for Heart Valves**  
**Recovered for Transplant: Whole PA/PI, processed for islets, not transplanted or transplant unknown**  
**Recovered for Transplant: Sent for Ex-corp Liver**  
**Recovered for Transplant: Sent for Hepatocytes**  
**Recovered for Transplant: Pancreas sent for Technical Reasons (for UNOS-use only)**  
**Exported, not transplanted or transplant unknown**

If the organ was transplanted, select the appropriate reason from the drop-down list.

**Organ Transplanted Locally**  
**Organ Transplanted Shared**  
**Islet Cells Transplanted**  
**Exported Out of U.S., transplanted**

**Reason organ not transplanted:** If the organ was not transplanted, select the appropriate reason from the drop-down list, the organ was not transplanted. If **Other, specify** is selected, enter the reason in the **Specify** field.

**Too old on pump**  
**Too old on ice**  
**Vascular damage**  
**Ureteral damage**  
**Inadequate urine output**  
**Donor medical history**  
**Donor social history**  
**Positive CMV**  
**Positive HIV**  
**Positive Hepatitis**  
**Warm ischemic time too long**  
**Organ trauma**  
**Organ not as described**  
**Biopsy findings**  
**Recipient determined to be unsuitable for TX in OR**

Poor organ function  
Infection  
Diseased organ  
Anatomical abnormalities  
No recipient located - list exhausted  
Other, specify

**Did the recipient transplant center recover the organ?:**

Yes  
No

If No, answer the following:

**Did another transplant center recover the organ?:**

Yes  
No

**Did the donor OPO provide a recovery team?:**

Yes  
No

**Recovery Center:** Indicate the recovery center.

The intent of **Initial, Back Table and Final Flush/Storage** fields is to analyze the effects of a specific composition of preservation solution.

**Initial Flush Solution:** For each recovered organ, select the flush solution from the drop-down list, used during the recovery procedure. If a solution was used that is equivalent to the solutions in the drop-down list, then select the equivalent solution. If unknown, select **Unknown**. This field is **required**. If Other, specify is selected, enter the flush solution used in the **Specify** field. If Other, Specify is selected, this field is **required**.

**Back Table Flush Solution:** For each recovered organ, indicate the back table flush solution used to preserve each organ. If a solution was used that is equivalent to the solutions in the drop-down list, then select the equivalent solution. If a back flush solution was not used, select **No Flush**. If unknown, select **Unknown**. This field is **required**. If Other Specify is selected, enter the flush solution used in the **Specify** field. If Other Specify is selected, this field is **required**.

**Final Flush/Storage Solution:** For each recovered organ, indicate the final flush and storage solution used during the recovery procedure. If a solution was used that is equivalent to the solutions in the drop-down list, then select the equivalent solution. If unknown, select **Unknown**. This field is **required**. If Other Specify is selected, enter the flush solution used in the **Specify** field. If Other, Specify is selected, this field is **required**.

**OPO sent vessels with organ:** If vessels (vascular allografts) were sent with the organ, as indicated on the Donor Organ Disposition in DonorNet, **Yes** displays. If no vessels were sent, **No** displays.

**Were extra vessels used in the transplant procedure:** If extra vessels (vascular allografts) were used in the transplant procedure, as indicated on the Waitlist Removal record, **Yes** displays. If the vessels were not used, **No** displays.

**Vessel Donor ID:** The **Donor** ID entered on the Waitlist removal displays.

**Note:** If the extra vessels used in a transplant procedure are procured from a tissue processing organization, they are not reported in UNet<sup>SM</sup>.

**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](mailto:paperwork@hrsa.gov).