# Adult Kidney-Pancreas Candidate Registration

The fields on the Kidney-Pancreas Candidate Registration form contain demographic and basic clinical information about candidates on the national waiting list.

## Match List

**Choose any additional matches that the candidate should appear on:** Indicate whether candidate is to appear on the Isolated Kidney and/or Isolated Pancreas. If selected, complete the appropriate isolated organ section at the bottom of the page.

## Provider

**Transplant Hospital:** Verify the transplant hospital name, and that the provider number is the 6-character Medicare identification number of the hospital where the transplant candidate is listed.

**24 Hour Contact Phone Number:** Verify the transplant center phone number. This is a **required** field.

## Demographic Information

**SSN:** Enter the candidate’s social security number.

***Note:*** SSN cannot:

Contain 00 in the 4th and 5th place (e.g., XXX-00-XXXX is invalid)

Contain 0000 in the last 4 places (e.g., XXX-XX-0000 is invalid)

Begin with 666

**Confirm SSN:** Re-enter candidate SSN. A green check mark indicates that the data matches.

**Last Name:** Enter the last name of the candidate. This is a **required** field.

**First Name:** Enter the first name of the candidate. This is a **required** field.

**MI:** Enter the candidate's middle initial.

**Date of birth:** Enter the candidate's date of birth. This is a **required** field.

**Confirm date of birth:** Re-enter candidate date of birth. A green check mark indicates that the data matches.

**Birth sex:** Indicate if the patient is Male or Female. Report patient sex (male or female), based on biologic and physiologic traits at birth. This is a **required** field.

**Center patient ID:** Enter the candidate's patient identification number that is assigned by your center, if applicable.

**State of Permanent Residence:** Select the full name of the state where the candidate's home is located.

**Permanent Zip Code:** Enter the 5-digit or 9-digit U.S. postal zip code for the address where the candidate's home is located. ***Note:*** Make corrections to an incorrect permanent zip code on the Transplant Candidate Registration (TCR) form in TIEDI®. This field cannot be updated from the active list.

**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](https://www.govinfo.gov/content/pkg/FR-1997-10-30/pdf/97-28653.pdf)) 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 a person self-identifies as Hispanic origin or not. For this reason, ethnicity is broken out in two categories, (1) Hispanic or Latino or (2) Not Hispanic or Latino. Select one ethnicity category or select ‘Ethnicity Not Reported’ if the candidate did not self-identify. 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**

**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](https://www.govinfo.gov/content/pkg/FR-1997-10-30/pdf/97-28653.pdf)) 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. Select 'Race Not Reported' if the candidate’s race is not reported.​ This field is **required**.​

***Note:*** A person may report multiple races. Persons reporting Hispanic or Latino ethnicity may report themselves as any race category or report no race at all.

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.​

## Organ Information

**Candidate Medical Urgency Status:** Indicate the candidate's medical urgency status. If one of the active statuses is selected, the candidate is eligible to appear on a UNetSM match run. If **Temporarily Inactive** is selected, the candidate is not eligible to appear on the UNetSM match run. This is a **required** field.

**Active (0)**

**Temporarily Inactive (7)**

**Inactive reason:**Select the reason the candidate is inactive.

|  |  |
| --- | --- |
| **Inactive Reason Code** | **Description** |
| 1 | Candidate cannot be contacted |
| 2 | Candidate choice |
| 3 | Candidate work-up incomplete |
| 4 | Insurance issues |
| 5 | Medical non-compliance |
| 6 | Inappropriate substance use |
| 7 | Temporarily too sick |
| 8 | Temporarily too well |
| 9 | Weight currently inappropriate for transplant |
| 10 | Transplanted - removal pending UNET data correction |
| 11 | Inactivation due to VAD implantation and/or VAD complication |
| 12 | TX Pending |
| 13 | Physician/Surgeon unavailable |
| 14 | Candidate for living donor transplant only |
| 16 | COVID-19 Precaution |

***Note:***The inactive reason**TX'ed - removal pending UNet data correction**is only to be used when a transplant center removed the incorrect candidate from Waitlist due to transplant and is waiting for UNOS to correct the data so that the correct candidate can be removed with the right donor ID. Candidates should not be set to inactive for this reason for more than 5 days.

**Number of previous Kidney Transplants:** Indicate the candidate's number of previous kidney transplants. Options 0-9 display in drop-down list. This is a **required** field.

**Number of previous Pancreas Transplants:** Indicate the candidate's number of previous pancreas transplants. This is a **required** field.

## Clinical Information

**ABO:** Select the candidate's blood type. This is a **required** field.

***Note:*** A2 is used as shorthand for any blood type A subtype other than A1 (i.e., non-A1, negative for A1). A2B is used as shorthand for any blood type AB subtype other than A1B (i.e., non-A1B, negative for A1B). Policy **requires** at least two (2) separate blood typings prior to listing. Policy also **requires** you to review all known available blood type source documents to verify the candidate's blood type.

**O**

**A**

**B**

**AB**

**Z (in Utero Only)**

**Height:** Enter the height of the candidate at the time of listing in the appropriate space, in feet and inches or centimeters. The height must fall between 0 and 7 feet or 1 and 241 centimeters. This is a **required** field.

**Weight:** Enter the weight of the candidate at the time of listing in the appropriate space, in pounds or kilograms. The weight must fall between 0 and 650 pounds or 0 and 295 kilograms. This is a **required** field.

**Date:** Enter the collection date. This is a **required** field.

**BMI:** The candidate’s BMI is calculated by the system from the height and weight data fields. BMI values will show up to four decimal places.

**HLA:** Indicate the candidate's histocompatibility antigens. At least one value is required for each antigen (**A, B, Bw4, Bw6** and **DR**). The order in which the antigens are entered does not affect the matching and screening process.

**Tested for anti HLA antibodies:**This is a**required**field.

**Yes, antibodies detected**

**Yes, no antibodies detected**

**No, not tested**

***Note:*** If a candidate was tested and any HLA antibodies were detected, "Yes, antibodies detected" should be reported even if the level of antibodies is below your center’s MFI cutoff level for listing unacceptable antigens.

**Creatinine clearance level (measured or estimated) less than or equal to 20 ml/min.?:** Indicate whether the level is less than or equal to 20 mL/min. This is a **required** field. If Yes is selected, enter the **Creatinine clearance (measured or estimated) level for waiting time qualification** and the **Date of qualifying test**.

**GFR (measured or estimated) less than or equal to 20 ml/min.?:** Indicate whether the level is less than or equal to 20 mL/min. This is a **required** field. If Yes is selected, enter the**GFR (measured or estimated) for waiting time qualification** and the **Date of qualifying test**.

***Note:*** Estimated GFR must not include a race-based variable.

**Has the candidate had regularly administered dialysis for ESRD?:** Indicate if the candidate has had regularly administered dialysis for End-Stage Renal Disease (ESRD). For example, if a candidate has only had dialysis treatment for managing an acute kidney injury, select **No**. However, if a candidate has been treated with dialysis for ESRD, select **Yes**, even if the candidate is no longer receiving dialysis treatment at present or only received dialysis for a period of time. If the candidate received hemodialysis, peritoneal dialysis, or any other form of renal replacement therapy for ESRD, select **Yes**. This is a **required** field.

If the candidate had a prior kidney transplant, only answer **Yes** if regularly administered dialysis for ESRD occurred *after* the transplant (Exception: if the previously transplant graft failed immediately and permanently (within 90 days, as defined in OPTN policy), answer **Yes** if the candidate had dialysis for ESRD prior to the transplant). This is a **required** field.

If the answer to the question, **Has the candidate had regularly administered dialysis for ESRD?** is **Yes**, then the **Date of initiation of regularly administered dialysis for ESRD** is a **required** field. The date entered should be the first documented date that the candidate received dialysis treatment for ESRD. Except for candidates being re-listed after immediate and permanent graft failure (within 90 days, as defined in OPTN policy), the date entered cannot be before the date of a previous kidney transplant.

**Physician Name:** Enter the name of the candidate's surgeon/physician. This is a **required** field if any of the three questions above are answered **Yes**.

**Physician NPI:** Enter the NPI of the candidate’s surgeon/physician. This is a **required** field if any of the three questions above are answered **Yes**.

**C-peptide value:** Indicate the candidate’s c-peptide value in ng/ml, range 0–99.00. If unknown, select the **Unknown**check box. For candidates with undetectable c-peptide values where the c-peptide value is reported as <X value, the threshold (i.e., X) is the acceptable value. For example, if a candidate’s c-peptide value is reported as <0.1 then the threshold is 0.1 and should be entered as “0.1” into the candidate’s c-peptide value field. This is a **required** field.

**C-peptide date:** Indicate the date in which the candidate’s c-peptide value was measured.

**Is candidate currently on insulin?:** If the candidate is currently on insulin, select **Yes**. If not, select **No**.

**If on insulin, enter the insulin date:** If the candidate is currently on insulin, indicate the date on which the candidate began insulin therapy. Enter the earliest documented date available, of insulin use, noted in the patient's medical record.

## Additional Organs

Check any additional organs that the candidate may need. Checking organ(s) within this section will not register the candidate on the checked organ waiting list. You will need to complete a registration and verify the accuracy of donor acceptance criteria for each additional organ checked.

**Pancreas Islet**

**Liver**

**Intestine**

**Heart**

**Heart/Lung**

**Lung**

## Kidney-Pancreas Donor Acceptance Criteria

Enter the maximum number of HLA mismatches that the candidate is able to accept. This is a **required** field.

If the **ABDR** field is completed, the fields in the second section (**AB**, **ADR**, and **BDR**) and third section (**A**, **B** and **DR**) cannot be entered.

If a field in the second section (**AB**, **ADR** and **BDR**) is chosen, select the maximum number of HLA mismatches the candidate can accept in the appropriate field. Upon entering the maximum number of acceptable mismatches, you must complete the corresponding field in the third section. For the **AB** field selection, enter a value in the **DR** field below. For the **ADR** field selection, enter a value in the **B** field below. For the **BDR** field selection, enter a value in the **A** field below.

The third section (**A**, **B** and **DR**) can be completed without selecting values in the previous sections. Select the maximum acceptable number of HLA mismatches for each locus.

***Note:*** If kidney donor's HLA antigens are entered, they will be considered as "self" antigens in pancreas match runs.

**Preliminary Crossmatch Required:** Select **Yes** if the candidate required a preliminary cross-match. If not, select **No**. This field defaults to **No**.

## Donor Characteristics

**Minimum acceptable donor age:** Enter the minimum donor age that the candidate can accept for local and import offers. The age must fall between 0 and 99 years. This field is **required**.

**Maximum acceptable donor age:** Enter the maximum donor age that the candidate can accept for local and import offers. The age must fall between 0 and 99 years. The maximum value must only be entered in months if the minimum value is also entered in months (e.g., you are able enter that you will accept donors from 3 months to 3 years in age, but you may NOT enter that you would accept a donor from 1 year to 36 months in age). This field is **required**.

**Minimum acceptable donor weight**: Enter the minimum donor weight that the candidate can accept. The weight must be a whole number that falls between 0 and 440 pounds, or 0 and 200 kilograms. The minimum acceptable donor weight should be no more than 30 percent (30%) below the candidate's listing weight. To eliminate the possibility of conversion or rounding issues, the match system deducts .5 kg when comparing this value to the donor weight. This field is **required**.

**Maximum acceptable donor weight:** Enter the maximum donor weight that the candidate can accept. The weight must be a whole number that falls between 0 and 440 pounds, or 0 and 200 kilograms. The maximum acceptable donor weight must be more than the candidate's listing weight, and must be greater than the minimum acceptable donor weight. To eliminate the possibility of conversion or rounding issues, the match system adds .5 kg when comparing this value to the donor weight. This field is **required**.

**Maximum acceptable donor BMI:** Enter maximum donor body mass index (BMI) in kilogram-meter squared (kg/m2) that the candidate can accept. The BMI must fall between 5.0 and 100.0 kg/m2.

**Accept DCD donor?:** Select **Yes** if the candidate will accept a DCD (Donation after Cardiac Death) donor for local and import offers. If not, select **No**. This field is **required**.

## Medical and Social History

**Accept a donor with a history of diabetes?:** Select **Yes** if the candidate will accept a donor with a history of diabetes. If not, select **No**. A donor should not be considered as having a history of diabetes based on gestational diabetes only.

**Accept a donor with a history of hypertension?:** Select **Yes** if the candidate will accept a donor with a history of coronary artery disease. If not, select **No**.

## Infectious Diseases

**Accept a Hepatitis B Core antibody positive donor?:** Select **Yes** if the candidate will accept a Hepatitis B core antibody positive donor. If not, select **No**. This field is **required**.

**Accept an HBV NAT positive donor?:** Select **Yes** if the candidate will accept an HBV NAT positive donor. If not, select **No** This field is **required**.

**Accept an HCV antibody positive donor?:** Select **Yes** if the candidate will accept an HCV antibody positive donor. If not, select **No**. This field is **required**.

**Accept an HCV NAT positive donor?:** Select **Yes** if the candidate will accept an HCV NAT positive donor. If not, select **No**. This field is **required**.

## Hope Act IRB Research

**Is the candidate HIV positive and willing to accept an HIV positive Kidney-Pancreas?:**Select**Yes**if the candidate is HIV positive and willing to accept an HIV positive kidney-pancreas. If not, select**No**. This field is**required**.

## Recovery

**Maximum acceptable cold ischemic time:** Enter the maximum cold ischemic time upon arrival in hours the candidate can accept. The cold ischemic time must fall between 0 and 100 hours.

**Maximum nautical miles the organ or recovery team will travel:** Enter the maximum miles the candidate's organ or recovery team will travel to obtain an organ. The number must fall between 0 and 9,999 miles. This field is **required**.

The matching system calculates mileage between the donor hospital and the recipient center based on the hospitals' zip codes. This distance is measured in nautical miles (a measure of flight distance), not in statute miles (a measurement of driving distance).

**Conversion Table for Nautical and Statute Miles**

|  |  |
| --- | --- |
| **Nautical Miles** | **Statute Miles** |
| 250 | 287.7 |
| 500 | 575.4 |
| 1000 | 1150.8 |
| 1500 | 1726.2 |
| 2000 | 2301.6 |
| 2500 | 2876.9 |

## Lab Values

**Maximum acceptable donor Serum Creatinine - peak:** Enter the donor maximum acceptable peak serum creatinine that the candidate can accept for local and import offers in milligrams per deciliter (mg/dL). The number must fall between 0.0 and 10.0 mg/dL.

**Maximum acceptable donor Serum Creatinine - final:** Enter the donor maximum acceptable serum creatinine that the candidate can accept for local and import offers in milligrams per deciliter (mg/dL). The number must fall between 0.0 and 10.0 mg/dL.

**Maximum acceptable donor Serum Amylase - peak:**Enter the donor maximum acceptable donor peak serum amylase that the donor can accept in units per liter (u/L). The number must fall between 0.00 and 9999.00 u/L.

**Maximum acceptable donor Serum Lipase - peak:**Enter the donor maximum acceptable donor peak serum lipase that the donor can accept in units per liter (u/L). The number must fall between 0.00 and 9999.00 u/L.

## Unacceptable Antigens

The unacceptable antigens entered are used to determine the Calculated PRA (CPRA) and to screen candidates from matches for donors with antigens listed as unacceptable.   
Select all of the unacceptable antigens and then click the "Calculate" button for the CPRA score.

**Select all A unacceptable antigens:** Select the candidate's A unacceptable antigens, if applicable. Make your selections from the left-hand column and click the arrow to add or remove them to the right-hand column.

**Select all B unacceptable antigens:** Select the candidate's B unacceptable antigens, if applicable. Make your selections from the left-hand column and click the arrow to add or remove them to the right-hand column.

**Select BW unacceptable antigen:** Select the candidate's BW unacceptable antigen, if applicable. Make your selections from the left-hand column and click the arrow to add or remove them to the right-hand column.

**Select all C unacceptable antigens:** Select the candidate's C unacceptable antigens, if applicable. Make your selections from the left-hand column and click the arrow to add or remove them to the right-hand column.

**Select all DR unacceptable antigens:** Select the candidate's DR unacceptable antigens, if applicable. Make your selections from the left-hand column and click the arrow to add or remove them to the right-hand column.

**Select all DR 51/52/53 unacceptable antigens:** Select the candidate's DR 51, 52 and 53 unacceptable antigens, if applicable. Make your selections from the left-hand column and click the arrow to add or remove them to the right-hand column.

**Select all DQB1 unacceptable antigens:** Select the candidate's DQB1 unacceptable antigens, if applicable. Make your selections from the left-hand column and click the arrow to add or remove them to the right-hand column.

**Select all DQA1 unacceptable antigens:** Select the candidate's DQA1 unacceptable antigens, if applicable. Make your selections from the left-hand column and click the arrow to add or remove them to the right-hand column.

**Select all DPB1 unacceptable antigens:** Select the candidate's DPB1 unacceptable antigens, if applicable. Make your selections from the left-hand column and click the arrow to add or remove them to the right-hand column.

**Select all DPB1 unacceptable epitopes:**Select the candidate's DPB1 unacceptable epitopes, if applicable. Make your selections from the left-hand column and click the arrow to add or remove them to the right-hand column.

**Select all DPA1 unacceptable antigens:**Select the candidate's DPA1 unacceptable antigens, if applicable. Make your selections from the left-hand column and click the arrow to add or remove them to the right-hand column.

## Offer Filters

**Apply/Do not apply kidney offers for this patient:** This field determines whether a candidate is manually excluded from having offer filters applied for them. Select **Apply kidney offer filters** to have the patient only receive offers defined by your program’s offer filters settings. Select **Do not apply kidney offer filters** to have the patient receive all offers, regardless of the program’s offer filters settings. By default, the field is set to **Apply kidney offer filters**.

## Isolated Kidney Match Information

**Candidate Medical Urgency Status:** Indicate the candidate's medical urgency status. If one of the active statuses is selected, the candidate is eligible to appear on a UNetSM match run. If temporarily inactive is selected, the candidate is not eligible to appear on the UNetSM match run. This is a **required** field.

**Active (1)**

**Active - Medically urgent (2)**

**Temporarily Inactive (7)**

**Number of previous solid organ transplants from OPTN database:** Displays the number of previous solid organ transplants on record in the OPTN database for the candidate's SSN. This information is displayed as a reference to help transplant centers provide the correct number of transplants for each candidate. It is possible that the numbers of previous solid organ transplants displayed based on the OPTN database differs from the actual number of transplants for a patient, due to one or more of the following reasons:

* Incorrect SSN
* Previous transplant outside of the U.S.
* Transplant prior to 1987 and not in OPTN database

**Number of previous solid organ transplants:** Must be provided for calculating an EPTS score. All prior transplants involving any combination of kidney, liver, pancreas, heart, lung, intestine, or VCA organs, including transplants performed outside the U.S., should be provided. All multi-organ transplants in which the organs came from the same donor (including but not limited to liver-kidney, kidney-pancreas, heart-lung, or kidney-pancreas-intestine transplants) should be counted as ONE prior transplant. This is a **required** field.

**Current diabetes status:** If the candidate never had a diagnosis of diabetes, select **Does not Have Diabetes**. If the candidate has diabetes, select **Type I** or **Type II**. If the candidate has any type of drug-induced diabetes, or both Type I and Type II diabetes, select **Other Type of Diabetes**. If the candidate was previously diagnosed with diabetes but the diabetic condition has been reversed by significant weight loss, gastric bypass surgery, or successful pancreas (or islet cell) transplantation, such that the patient no longer needs insulin or other diabetes medications, select **Does not Have Diabetes**. However, if the candidate was previously diagnosed with diabetes and the underlying condition has not been reversed, the candidate should still be indicated as diabetic, even if insulin or other diabetic medications are no longer required (due to, for example, starting dialysis). A patient should *not* be considered as having diabetes based on a diagnosis of gestational diabetes only. This is a **required** field.

**Does not Have Diabetes** should be selected for a non-diabetic candidate. **Type I Diabetes** is defined as a disease in which the body does not produce any insulin, most often occurring in children and young adults. People with Type 1 diabetes must take daily insulin injections to stay alive. Type 1 diabetes accounts for 5 to 10 percent of diabetes. **Type II** **Diabetes** is defined as a metabolic disorder resulting from the body's inability to make enough, or properly use, insulin. It is the most common form of the disease. Type 2 Diabetes accounts for 90 to 95 percent of diabetes. **Other Type of Diabetes** is for any other type of diabetes, such as a candidate with both Type I and Type II, or a drug-induced form of diabetes.

## **Medical Urgency Information**

Medical Urgency Status Policy outlines medical urgency classifications in kidney allocation. Increased priority is granted to candidates meeting policy defined criteria and within a 250 nautical mile distribution circle only.

Indicate if the candidate has exhausted or has a contraindication to all dialysis access via each of the following methods:

**Vascular access in the upper left extremity**

**Vascular access in the upper right extremity**

**Vascular access in the lower left extremity**

**Vascular access in the lower right extremity**

**Peritoneal access in the abdomen**

Indicate if the candidate has exhausted dialysis access, is currently being dialyzed, or has a contraindication to dialysis via one of the following methods (must select at least one):

**Transhepatic IVC Catheter**

**Translumbar IVC Catheter**

**Other (must specify)**

**Nephrologist full name:** Enter the candidate's nephrologist attesting to the medical urgency information. This field is **required**.

**Nephrologist NPI:** Enter the NPI of the candidate’s nephrologist. This field is **required**.

**Surgeon full name:** Enter the candidate's transplant surgeon attesting to the medical urgency information. This field is **required**.

**Surgeon NPI:** Enter the NPI of the candidate’s surgeon. This field is **required**.

## A2/A2B Eligibility

The transplant program must establish and adhere to written policy regarding its program's titer threshold for transplanting A2 and A2B kidneys with blood type B.

Transplant program must confirm candidate's eligibility every 90 days (± 20 days).

**Does candidate meet criteria for A2 and A2B (including patient consent)?:** Select **Yes** if the candidate meets criteria for A2 and A2B. By selecting **Yes** to this field, an eligible candidate will appear on A2 and A2B Deceased Donor matches. Select **No** if the candidate is permanently ineligible.

## Kidney Donor Acceptance Criteria

Enter the maximum number of HLA mismatches that the candidate is able to accept.

If the **ABDR** field is completed, the fields in the second section (**AB**, **ADR**, and **BDR**) and third section (**A**, **B** and **DR**) cannot be entered.

If a field in the second section (**AB**, **ADR** and **BDR**) is chosen, select the maximum number of HLA mismatches the candidate can accept in the appropriate field. Upon entering the maximum number of acceptable mismatches, you must complete the corresponding field in the third section. For the **AB** field selection, enter a value in the **DR** field below. For the **ADR** field selection, enter a value in the **B** field below. For the **BDR** field selection, enter a value in the **A** field below.

The third section (**A**, **B** and **DR**) can be completed without selecting values in the previous sections. Select the maximum acceptable number of HLA mismatches for each locus.

## Dual Kidney and En Bloc Opt In

**Accept dual kidney?:**Select **Yes** if the candidate will accept a dual kidney for local and import offers. If not, select **No**. Field displays blank and does not default to yes or no. This is a **required** field.

**Accept en bloc kidney?:** Select **Yes** if the candidate will accept an en bloc kidney for local and import offers. If not, select **No**. Field displays blank and does not default to yes or no. This is a **required** field.

***Note:*** If no action is taken by transplant program, these offers will not be received.

## Donor Characteristics

**Maximum acceptable Kidney Donor Profile Index (KDPI) for 0 ABDR Mismatch - single kidney:**Enter the maximum acceptable KDPI for 0 ABDR mismatch that the candidate can accept for local and/or import donors.

**Maximum acceptable Kidney Donor Profile Index (KDPI) for non-0 ABDR Mismatch - single kidney:**Enter the maximum acceptable KDPI for non-0 ABDR mismatch that the candidate can accept for local and/or import donors.

**Maximum acceptable Kidney Donor Profile Index (KDPI) for 0 ABDR Mismatch - dual kidney:**Enter the maximum acceptable KDPI for 0 ABDR mismatch that the candidate can accept for local and/or import donors.

**Maximum acceptable Kidney Donor Profile Index (KDPI) for non-0 ABDR Mismatch - dual kidney:**Enter the maximum acceptable KDPI for non-0 ABDR mismatch that the candidate can accept for local and/or import donors.

***Note:*** You may set four different maximum KDPI values for each candidate: one for local zero-ABDR mismatch offers, another for non-local zero-ABDR mismatch offers, as well as for non zero-mismatches, local versus import. By default, candidates already on the list and willing to accept an ECD will have maximum KDPI values set to 100%, while those not on the ECD list will have maximums of 85%. However, you may edit these maximum acceptable KDPI’s for each candidate on the candidate record, as appropriate. Finally, for your convenience, maximum KDPI values can be set in the Listing defaults so that all newly added candidates will have these maximum values automatically entered in the candidate record at time of listing.

**Minimum acceptable donor age:** Enter the minimum donor age that the candidate can accept for local and import offers. The age must fall between 0 and 99 years. This field is **required**.

**Maximum acceptable donor age:** Enter the maximum donor age that the candidate can accept for local and import offers. The age must fall between 0 and 99 years. This field is **required**.

**Maximum acceptable donor BMI:** Enter maximum donor body mass index (BMI) in kilogram-meter squared (kg/m2) that the candidate can accept. The BMI must fall between 5.0 and 100.0 kg/m2.

**Accept DCD donor?:** Select **Yes** if the candidate will accept a DCD (Donation after Circulatory Death) donor for local and import offers. If not, select **No**. 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. This field is **required**.

## Medical & Social History

**Accept a donor with a history of diabetes?:** Select **Yes** if the candidate will accept a donor with a history of diabetes. If not, select **No**. A donor should *not* be considered as having a history of diabetes based on gestational diabetes only.

**Accept a donor with a history of hypertension?:** Select **Yes** if the candidate will accept a donor with a history of hypertension. If not, select **No**.

## Infectious Diseases

**Accept a Hepatitis B Core antibody positive donor?** Select **Yes** if the candidate will accept a Hepatitis B core antibody positive donor. If not, select **No**. This field is **required**.

**Accept an HBV NAT positive donor?** Select **Yes** if the candidate will accept an HBV NAT positive donor. If not, select **No** This field is **required**.

**Accept an HCV antibody positive donor?** Select **Yes** if the candidate will accept an HCV antibody positive donor. If not, select **No**. This field is **required**.

**Accept an HCV NAT positive donor?** Select **Yes** if the candidate will accept an HCV NAT positive donor. If not, select **No**. This field is **required**.

## Hope Act IRB Research

**Is the candidate HIV positive and willing to accept an HIV positive Kidney?**Select**Yes**if the candidate is HIV positive and willing to accept an HIV positive kidney. If not, select**No**. This field is**required**.

## Recovery

**Maximum acceptable warm ischemic time:** Enter the donor maximum warm ischemic time in minutes that the candidate can accept. The warm ischemic time must fall between 0 and 180 minutes. This field is **required**.

**Maximum acceptable cold ischemic time:** Enter the donor maximum cold ischemic time upon arrival in hours the candidate can accept. The cold ischemic time must fall between 0 and 100 hours. This field is **required**.

**Maximum acceptable percent globally sclerotic glomeruli - Less than 10 glomeruli observed:** Enter the donor's maximum percent (%) globally sclerotic glomeruli that the candidate can accept with less than 10 glomeruli observed for local and import offers. The percentage must fall between 0 and 100%. This field is **required**.

**Maximum acceptable percent globally sclerotic glomeruli - 10 or more glomeruli observed:** Enter the donor's maximum percent (%) globally sclerotic glomerulithat the candidate can accept with 10 or more glomeruli observed for local and import offers. The percentage must fall between 0 and 100%. This field is **required**.

## Lab Values

**Maximum acceptable donor Serum Creatinine - Peak:** Enter the donor maximum acceptable donor peak serum creatinine that the candidate can accept for local and import offers in milligrams per deciliter (mg/dL). The number must fall between 0.0 and 10.0 mg/dL.

**Maximum acceptable donor Serum Creatinine - Final:** Enter the donor maximum acceptable donor serum creatinine that the candidate can accept for local and import offers in milligrams per deciliter (mg/dL). The number must fall between 0.0 and 10.0 mg/dL.

## Isolated Pancreas Match Information

**Candidate Medical Urgency Status:** Indicate the candidate's medical urgency status at the time of listing.

**Active**

**Temporarily Inactive**

**Inactive reason:**Select the reason the candidate is inactive.

**Candidate cannot be contacted**

**Candidate choice**

**Candidate for living donor transplant only**

**Candidate work-up incomplete**

**COVID-19 precaution**

**Inappropriate substance use**

**Insurance issues**

**Medical non-compliance**

**Physician/Surgeon unavailable**

**Temporarily too sick**

**Temporarily too well**

**TX Pending**

**TX’ed - removal pending UNET data correction**

**Weight currently inappropriate for transplant**

Enter the maximum number of HLA mismatches that the candidate is able to accept.

If the **ABDR** field is completed, the fields in the second section (**AB**, **ADR**, and **BDR**) and third section (**A**, **B**, and **DR**) cannot be entered.

If a field in the second section (**AB**, **ADR**, and **BDR**) is chosen, select the maximum number of HLA mismatches the candidate can accept in the appropriate field. Upon entering the maximum number of acceptable mismatches, you must complete the corresponding field in the third section. For the **AB** field selection, enter a value in the **DR** field below. For the **ADR** field selection, enter a value in the **B** field below. For the **BDR** field selection, enter a value in the **A** field below.

The third section (**A**, **B**, and **DR**) can be completed without selecting values in the previous sections. Select the maximum acceptable number of HLA mismatches for each locus.

**Preliminary Crossmatch Required:** Select **Yes** if the candidate required a preliminary cross-match. If not, select **No**.

**Accept Pancreas procured by another team?:** Select **Yes** if the candidate will accept a pancreas as procured by another team. If not, select **No**.

**Maximum miles the organ or recovery team will travel?:**Enter the maximum miles the organ or recovery team will travel. The number must fall between 0 and 9999.

The matching system calculates mileage between the donor hospital and the recipient center based on the hospitals' zip codes. This distance is measured in nautical miles (a measure of flight distance), not in statute miles (a measurement of driving distance).

Conversion Table for Nautical and Statute Miles

|  |  |
| --- | --- |
| **Nautical Miles** | **Statute Miles** |
| 250 | 287.7 |
| 500 | 575.4 |
| 1000 | 1150.8 |
| 1500 | 1726.2 |
| 2000 | 2301.6 |
| 2500 | 2876.9 |

## Verify ABO

Select the candidate’s ABO. Policy **requires**at least two (2) separate blood typings prior to listing. Policy also **requires**you to review all known available blood type source documents to verify the candidate's blood type.

## HIV Verification

Policy requires that a second user must verify:

* The HIV status of the candidate
* The willingness of the candidate to accept an HIV positive organ

**Is the candidate HIV positive and willing to accept an HIV positive Kidney-Pancreas?:** Select **Yes** if the candidate is HIV positive and willing to accept an HIV positive organ.

**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).