Pediatric Pancreas Candidate Listing Registration

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

Add New Candidate Registration

Center: Select the transplant center.

Organ: Select Pancreas.

Candidate Add

Center: Select the transplant center.

Organ: Select Pancreas.

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: Confirm the candidate's social security number.

Age Group: Select the candidate's age group.

Provider Information

Transplant Center: Verify the transplant center 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.

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: Confirm the candidate's social security number.

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.

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

Confirm date of birth: Confirm the candidate's date of birth.

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's 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 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) 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) 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.

Pancreas 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 UNet match run. If **Temporarily inactive** is selected, the candidate is non-eligible to appear on the UNet match run. This is a **required** field.

Note: See OPTN Policies for additional information. Use the search feature to locate specific policy information on Medical Urgency Status.

Active
Temporarily Inactive

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

Has the candidate had a prior Kidney transplant?: Select **Yes** if the candidate had a prior kidney transplant. If not, select **No**. If the answer is Yes, the question, "Is the prior graft still functioning?" will display. Select Yes or No. If the graft is still functioning, you may enter the kidney donor's Class I and Class II histocompatibility antigens to be considered as "self" antigens on match runs.

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. See OPTN Policies for additional information. Use the search feature to locate specific policy information on ABO Typing.

> 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.

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.

> **HLA Class I**
> > **A**
> > **A**
> > **B**
> > **B**
> > **BW4**
> > **BW6**
> > **C**
> > **C**

HLA Class II

 DR

 DR

 DR51

 DR51

 DR52

 DR52

 DR53

 DR53

 DQB1

 DQB1

 DQA1

 DQA1

 DPB1

 DPB1

 DPA1

 DPA1

<u>Confirm HLA Class I:</u>

 A

 A

 B

 B

 BW4

 BW6

 C

 C

<u>Confirm HLA Class II:</u>

 DR

 DR

 DR51

 DR51

 DR52

 DR52

 DR53

 DR53

DQB1

DQB1

DQA1

DQA1

DPB1

DPB1

DPA1

DPA1

Tested for anti HLA antibodies:

Yes, antibodies detected

Yes, no antibodies detected

No, not tested

Note: If 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.

Additional Organs

Select any additional organs the candidate may need. 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

Pancreas Donor Acceptance Criteria

The following fields are evaluated when running a match to determine if this candidate will appear in the match list. If the donor does not meet the acceptance criteria for this candidate, the candidate will be screened off (not appear on) the match results.

The match will apply local acceptance criteria to include eligible candidates from programs located within 250 NM of the donor hospital and from programs located within the OPO's Donation Service Area (DSA). The inclusion of DSA in this definition does not impact the

order of the match run as that is established and organized by distance-based allocation definitions within [OPTN Policies](#).

When adding a new candidate, the following fields will be auto-filled with your center's pre-determined information if it was entered in the Listing Defaults section of Waitlist.

Candidate and Donor Characteristics

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 selected.

If a field in the second section (**AB**, **ADR** or **BDR**) is completed, select the maximum number of HLA mismatches the candidate can accept in the appropriate field. Upon selecting the maximum number of acceptable mismatches, you must complete the corresponding field in the third section (**A**, **B**, or **DR**). If **AB** is selected, select a value in the **DR** field below. If **ADR** is selected, select a value in the **B** field below. If **BDR** is selected, select 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.

Maximum number of HLA Mismatches

ABDR

AB

ADR

BDR

B

A

DR

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**.

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 deducts .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/m^2) that the candidate can accept. The BMI must fall between 5.0 and 100.0 kg/m^2.

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.

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**.

Recovery

Maximum miles the organ or recovery team will travel: Enter the maximum number of miles the organ or recovery team will travel. The number of miles 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 Amylase - Peak: Enter the donor's maximum acceptable peak serum amylase that the candidate can accept in units per liter (u/L). The number must fall between 0 and 9999 u/L.

Maximum acceptable donor Serum Lipase - Peak: Enter the donor's maximum acceptable peak serum lipase that the candidate can accept in units per liter (u/L). The number must fall between 0 and 9999 u/L.

Unacceptable Antigens

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.

Verify ABO

ABO: Verify the candidate's blood type.

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.