Pediatric Pancreas Islet Listing Registration Fields to be completed by members

| Add new candidate registrationCenterAdd new candidate registrationOrganCandidate AddCenterCandidate AddOrganAdd CandidateSSNAdd CandidateAge GroupProvider InformationTransplant HospitalProvider Information24 Hour Contact Phone NumberDemographic InformationSSNDemographic InformationConfirm SSNDemographic InformationConfirm SSNDemographic InformationConfirm SSNDemographic InformationFirst NameDemographic InformationMIDemographic InformationDate of birthDemographic InformationConfirm date of birthDemographic InformationConfirm date of birthDemographic InformationBirth sexDemographic InformationCenter Patient IDDemographic InformationRaceDemographic InformationRaceDemographic InformationRaceDemographic InformationRaceDemographic InformationRaceDemographic InformationRaceDemographic InformationRaceDemographic InformationRaceDemographic InformationRaceDemographic InformationCandidate Medical Urgency StatusPancreas Islets Organ InformationInactive ReasonPancreas Islets Organ InformationABOClinical InformationHeight (ft)Clinical InformationHeight (m)Clinical InformationHeight (m)Clinical Information <th>Form Section</th> <th>Field Label</th> | Form Section | Field Label |
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| HLA CLASS I B HLA CLASS I BW4 | HLA CLASS I | A |
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| HLA CLASS I BW6 | HLA CLASS I | BW4 |
| | HLA CLASS I | BW6 |

| HLA CLASS I | C |
|------------------------|------|
| | C |
| | DR |
| | DR |
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| | DR51 |
| | DR51 |
| | DR52 |
| | DR52 |
| | DR53 |
| | DR53 |
| | DQB1 |
| | DQB1 |
| | DQA1 |
| | DQA1 |
| | DPB1 |
| | DPB1 |
| | DPA1 |
| | DPA1 |
| | A |
| | A |
| | В |
| | В |
| | BW4 |
| | BW6 |
| | C |
| Confirm HLA CLASS I | C |
| Confirm HLA CLASS II I | DR |
| | DR |
| Confirm HLA CLASS II I | DR51 |
| Confirm HLA CLASS II I | DR51 |
| Confirm HLA CLASS II I | DR52 |
| Confirm HLA CLASS II | DR52 |
| Confirm HLA CLASS II | DR53 |
| Confirm HLA CLASS II | DR53 |
| Confirm HLA CLASS II I | DQB1 |
| Confirm HLA CLASS II I | DQB1 |
| Confirm HLA CLASS II I | DQA1 |
| Confirm HLA CLASS II I | DQA1 |
| Confirm HLA CLASS II | DPB1 |
| Confirm HLA CLASS II I | DPB1 |
| Confirm HLA CLASS II | DPA1 |
| Confirm HLA CLASS II | DPA1 |

| Additional Organs | Check any addition organs the candidate may need |
|---|---|
| Pancreas Islets Donor Acceptance Criteria | ABDR |
| Pancreas Islets Donor Acceptance Criteria | AB |
| Pancreas Islets Donor Acceptance Criteria | ADR |
| Pancreas Islets Donor Acceptance Criteria | BDR |
| Pancreas Islets Donor Acceptance Criteria | A |
| Pancreas Islets Donor Acceptance Criteria | В |
| Pancreas Islets Donor Acceptance Criteria | DR |
| Pancreas Islets Donor Acceptance Criteria | Preliminary Crossmatch Required |
| Pancreas Islets Donor Acceptance Criteria | Accept pancreas procured by another team? |
| Donor Characteristics | Minimum acceptable donor age (Local) |
| Donor Characteristics | Minimum acceptable donor age (Import) |
| Donor Characteristics | Maximum acceptable donor age (Local) |
| Donor Characteristics | Maximum acceptable donor age (Import) |
| Donor Characteristics | Minimum acceptable donor weight |
| Donor Characteristics | Maximum acceptable donor weight |
| Donor Characteristics | Maximum acceptable donor BMI |
| Donor Characteristics | Accept DCD donor (Local) |
| Donor Characteristics | Accept DCD donor (Import) |
| Medical and Social History | Accept a donor with a history of diabetes? |
| Infectious Diseases | Accept a Hepatitis B core antibody positive donor? |
| Infectious Diseases | Accept an HBV NAT positive donor? |
| Infectious Diseases | Accept an HCV antibody positive donor? |
| Infectious Diseases | Accept an HCV NAT positive donor? |
| Recovery | Maximum nautical miles the organ or recovery team will travel |
| Lab Values | Maximum acceptable donor serum amylase - peak |
| Lab Values | Maximum acceptable donor serum lipase - peak |
| Unacceptable Antigens | A |
| Unacceptable Antigens | В |
| Unacceptable Antigens | BW |
| Unacceptable Antigens | С |
| Unacceptable Antigens | DR |
| Unacceptable Antigens | DR51 |
| Unacceptable Antigens | DR52 |
| Unacceptable Antigens | DR53 |
| Unacceptable Antigens | DQB1 |
| Unacceptable Antigens | DQA1 |
| Unacceptable Antigens | DPB1 - Antigens |

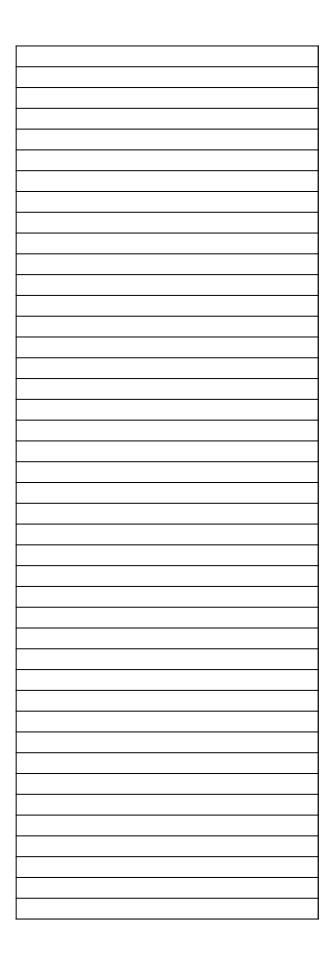
| Unacceptable Antigens | DPB1 - Epitopes |
|-----------------------|-----------------|
| Unacceptable Antigens | DPA1 |
| Verify ABO | ABO |

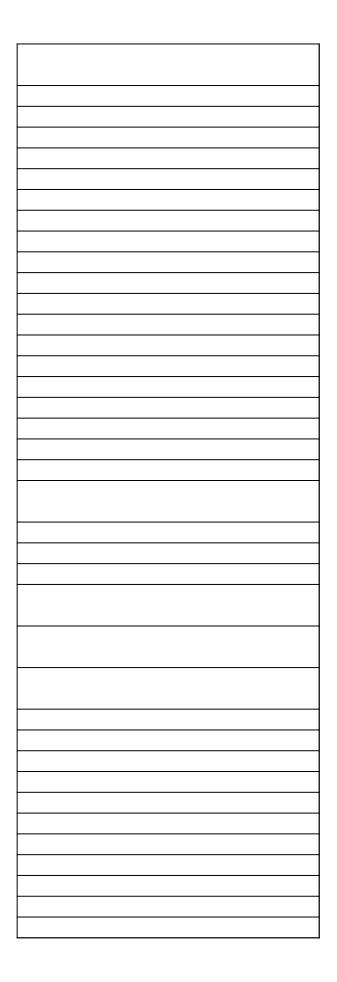
OMB No. 0915-0157; Expiration Date: XX/XX/20XX

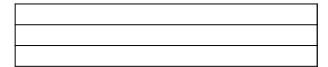
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The private, non-profit Organ Procurement and Transplantation Network (OPTN) collects this informa functions: to assess whether applicants meet OPTN Bylaw requirements for membership in the OPTN organizations with OPTN Obligations. An agency may not conduct or sponsor, and a person is not requirements it displays a currently valid OMB control number. The OMB control number for this information XX/XX/202X. This information collection is required to obtain or retain a benefit per 42 CFR §121.11(b Act protection (Privacy Act System of Records #09-15-0055). Data collected by the private non-profit in Contractor's security features. The Contractor's security system meets or exceeds the requirements a Security of Federal Automated Information Systems, and the Departments Automated Information Sy reporting burden for this collection of information is estimated to average 0.27 hours per response, ir searching existing data sources, and completing and reviewing the collection of information. Send cor other aspect of this collection of information, including suggestions for reducing this burden, to HRSA Fishers Lane, Room 14N39, Rockville, Maryland, 20857 or paperwork@hrsa.gov.

| Notes | |
|---------------------------------------|--|
| Display Only - Cascades from database | |
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| Display Only - Cascades from database | |
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ition in order to perform the following OPTN ; and to monitor compliance of member uired to respond to, a collection of information n collection is 0915-0157 and it is valid until i)(2). All data collected will be subject to Privacy OPTN also are well protected by a number of the is prescribed by OMB Circular A-130, Appendix III, /stems Security Program Handbook. The public ncluding the time for reviewing instructions, mments regarding this burden estimate or any Information Collection Clearance Officer, 5600