

Pediatric Liver Candidate Listing Registration
Fields to be completed by members

Form Section	Field Label
Add new candidate registration	Center
Add new candidate registration	Organ
Candidate Add	Center
Candidate Add	Organ
Candidate Add	SSN
Candidate Add	Confirm SSN
Candidate Add	Age Group
Provider Information	Transplant Hospital
Provider Information	24 Hour Contact Phone Number
Demographic Information	SSN
Demographic Information	Confirm SSN
Demographic Information	Last Name
Demographic Information	First Name
Demographic Information	MI
Demographic Information	DOB
Demographic Information	Birth sex
Demographic Information	Center Patient ID
Demographic Information	State of Permanent Residence
Demographic Information	Permanent ZIP Code
Demographic Information	Ethnicity
Demographic Information	Race
Clinical Information	ABO
Clinical Information	Accept an Incompatible Blood Type?
Clinical Information	Accept an A2 donor?
Clinical Information	Height (ft)
Clinical Information	Height (in)
Clinical Information	Height (cm)
Clinical Information	Height Measurement Date
Clinical Information	Weight (lbs)
Clinical Information	Weight (kg)
Clinical Information	Weight Measurement Date
HLA CLASS I	A
HLA CLASS I	A
HLA CLASS I	B
HLA CLASS I	B
HLA CLASS I	BW4
HLA CLASS I	BW6
HLA CLASS I	C

HLA CLASS I	C
HLA CLASS II	DR
HLA CLASS II	DR
HLA CLASS II	DR51
HLA CLASS II	DR51
HLA CLASS II	DR52
HLA CLASS II	DR52
HLA CLASS II	DR53
HLA CLASS II	DR53
HLA CLASS II	DQB1
HLA CLASS II	DQB1
HLA CLASS II	DQA1
HLA CLASS II	DQA1
HLA CLASS II	DPB1
HLA CLASS II	DPB1
HLA CLASS II	DPA1
HLA CLASS II	DPA1
Organ Information	Candidate Medical Urgency Status
Organ Information	Inactive Reason
Organ Information	Accept a liver for other methods of hepatic support?
Organ Information	Accept a Segmental Liver?
Organ Information	Preliminary Crossmatch Required
Organ Information	Number of previous Liver Transplants
Status 1A Criteria	Status
Status 1A Criteria	Surgeon/Physician NPI
Status 1A Criteria	Surgeon/Physician Name
Status 1A Criteria	Hospital Telephone Number
Status 1A Criteria	Application Submitted By
Status 1A Criteria	Email to Notify of RRB Decision
Status 1A Criteria	Fulminant liver failure?
Status 1A Criteria	Primary non-function of a transplanted liver?
Status 1A Criteria	Within how many days of transplantation
Status 1A Criteria	Transplant Date
Status 1A Criteria	Draw Date
Status 1A Criteria	ALT value
Status 1A Criteria	Arterial pH value
Status 1A Criteria	Venous pH value
Status 1A Criteria	Lactate value
Status 1A Criteria	Hepatic artery thrombosis (HAT) in a transplanted liver?
Status 1A Criteria	Within how many days of transplantation

Status 1A Criteria	Transplant Date
Status 1A Criteria	Acute decompensated Wilson's disease?
Status 1A Criteria	Clinical Narrative
Status 1A Criteria	Diagnosis
Status 1B Criteria	Status
Status 1B Criteria	Surgeon/Physician NPI
Status 1B Criteria	Surgeon/Physician Name
Status 1B Criteria	Hospital Telephone Number
Status 1B Criteria	Application Submitted By
Status 1B Criteria	Email to Notify of RRB Decision
Status 1B Criteria	Chronic liver disease
Status 1B Criteria	Gastrointestinal bleeding requiring red blood cell replacement - Indicate amount
Status 1B Criteria	Gastrointestinal bleeding requiring red blood cell replacement - Date
Status 1B Criteria	Non-Metastatic Hepatoblastoma suitable for liver transplantation?
Status 1B Criteria	Biopsy
Status 1B Criteria	Date
Status 1B Criteria	Metabolic disease?
Status 1B Criteria	Other - Specify
Status 1B Criteria	Please specify type
Status 1B Criteria	Diagnosis
MELD/PELD Data Collection	Serum Creatinine Value
MELD/PELD Data Collection	Serum Creatinine Date
MELD/PELD Data Collection	Had dialysis twice, or 24 hours of CVVHD, within a week prior to the serum creatinine test?
MELD/PELD Data Collection	Serum Sodium Value
MELD/PELD Data Collection	Serum Sodium Date
MELD/PELD Data Collection	Encephalopathy Date
MELD/PELD Data Collection	Encephalopathy - Value
MELD/PELD Data Collection	Ascites Date
MELD/PELD Data Collection	Ascites - Value
MELD/PELD Data Collection	Bilirubin - Date
MELD/PELD Data Collection	Bilirubin - Value
MELD/PELD Data Collection	Albumin - Date
MELD/PELD Data Collection	Albumin - Value
MELD/PELD Data Collection	INR Date
MELD/PELD Data Collection	INR - Value
Additional Organs	Check any additional organs the candidate may need
SLK Registrations	Chronic Kidney Disease (CKD)

SLK Registrations	Date
SLK Registrations	Begun dialysis?
SLK Registrations	CrCl (measured or estimated) (mL/min)
SLK Registrations	GFR (measured or estimated) (mL/min)
SLK Registrations	Sustained acute kidney injury
SLK Registrations	Date
SLK Registrations	Begun dialysis?
SLK Registrations	CrCl (measured or estimated) (mL/min)
SLK Registrations	GFR (measured or estimated) (mL/min)
SLK Registrations	Metabolic disease
SLK Registrations	Transplant nephrologist confirming candidate's most recent diagnosis for SLK
Donor Characteristics	Acceptable donor age range
Unacceptable Antigens	A
Unacceptable Antigens	B
Unacceptable Antigens	BW
Unacceptable Antigens	C
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
HIV Verification	Is the candidate HIV positive and willing to accept an HIV positive heart?
Donor Characteristics	Local minimum acceptable donor age
Donor Characteristics	Import minimum acceptable donor age
Donor Characteristics	Local maximum acceptable donor age
Donor Characteristics	Import maximum acceptable donor age
Donor Characteristics	Minimum acceptable donor weight
Donor Characteristics	Maximum acceptable donor weight
Donor Characteristics	Maximum acceptable donor BMI
Donor Characteristics	Local Accept DCD donor?
Donor Characteristics	Import Accept DCD donor?
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?

HOPE Act IRB research	Is the candidate HIV positive and willing to accept an HIV positive Liver?
Recovery	Maximum acceptable cold ischemic time
Recovery	Maximum miles the organ or recovery team will travel
Lab Values	Maximum acceptable donor sodium (Na) - peak
Lab Values	Maximum acceptable donor SGOT (AST) - peak
Lab Values	Maximum acceptable donor SGPT (ALT) - peak
Lab Values	Maximum acceptable donor INR - peak
Expedited Donor Characteristics	Brain Dead Donor Accept an expedited liver recovered by any procurement team?
Expedited Donor Characteristics	DCD Donor Accept an expedited liver recovered by any procurement team?
Expedited Donor Characteristics	Max - Brain Dead Donor Acceptable donor age range
Expedited Donor Characteristics	Min - DCD Donor Acceptable donor age range
Expedited Donor Characteristics	Max - DCD Donor Acceptable donor age range
Expedited Donor Characteristics	Min - Brain Dead Donor Acceptable donor height range
Expedited Donor Characteristics	Max - Brain Dead Donor Acceptable donor height range
Expedited Donor Characteristics	Min - DCD Donor Acceptable donor height range
Expedited Donor Characteristics	Max - DCD Donor Acceptable donor height range
Expedited Donor Characteristics	Min - Brain Dead Donor Acceptable donor weight range
Expedited Donor Characteristics	Max - Brain Dead Donor Acceptable donor weight range
Expedited Donor Characteristics	Min - DCD Donor Acceptable donor weight range
Expedited Donor Characteristics	Max - DCD Donor Acceptable donor weight range
Expedited Donor Characteristics	Brain Dead Donor Acceptable maximum donor BMI
Expedited Donor Characteristics	DCD Donor Acceptable maximum donor BMI

Expedited Donor Characteristics	Brain Dead Donor Acceptable maximum distance from donor hospital (in nautical miles)
Expedited Donor Characteristics	DCD Donor Acceptable maximum distance from donor hospital (in nautical miles)
Expedited Donor Characteristics	Brain Dead Donor Acceptable maximum macrosteatosis %
Expedited Donor Characteristics	DCD Donor Acceptable maximum macrosteatosis %
Verify ABO	ABO
HIV Verification	Is the candidate HIV positive and willing to accept an HIV positive Liver?

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

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