

## Pediatric Liver Candidate Registration

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

### Add new candidate registration

**Center:** Verify the transplant hospital name.

**Organ:** Select organ to register.

### Candidate Add

**Center:** Verify the transplant hospital name.

**Organ Registration:** Verify organ type.

**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.

**Age Group:** Select age group (adult or pediatric).

### Provider Information

**Transplant Hospital:** Verify the transplant hospital name.

**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 using the format MM/DD/YYYY. 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](#)) 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.

### 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 two (2) separate ABO typings prior to listing. 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.

**A**

**B**

**AB**

**Z (in Utero Only)**

**Accept an Incompatible Blood Type?:** If candidate will accept an incompatible blood type, select **Yes**. If not, select **No**.

**Note:** Only candidates at Status 1A, Status 1B, or with an allocation MELD or PELD score of 30 or higher can accept an incompatible blood type.

**Note:** For candidates with ABO type AB, you must select **No**.

**Accept an A2 donor?:** If candidate will accept an A2 donor, select **Yes**. If not, select **No**. If not applicable, select **N/A**.

**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 date the candidate's height and weight were recorded using the format MM/DD/YYYY.

**Note:** You must enter the Height, Weight, and Date fields for pediatric candidates less than 12 years old when re-certifying their new laboratory values.

#### HLA

**HLA:** Histocompatibility antigens are currently not required when adding candidates for extra renal organs (LI, IN, HR, HL and LU) to the active list. If histocompatibility antigens are entered, 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.

Click **Confirm HLA** and re-enter HLA information in Confirm HLA section.

#### 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<sup>SM</sup> match run. If **Temporarily Inactive** is selected, the candidate is not eligible to appear on the UNet<sup>SM</sup> match run. This is a **required** field.

**Status 1A**

**Status 1B**

**MELD/PELD**

**Temporarily Inactive**

**Note:** When Status 1A or 1B is selected, justification fields will display. These fields are required for the candidate to be added to the Waitlist, including the Surgeon/Physician NPI and name.

**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.

**Accept a liver for other methods of hepatic support:** If candidate will accept a liver for other methods of hepatic support, select **Yes**. If not, select **No**.

**Accept a Segmental Liver:** If candidate will accept a segmental liver, select **Yes**. If not, select **No**.

**Preliminary Crossmatch Required:** If a preliminary cross-match is required, select **Yes**. If it is not, select **No**.

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

#### Status 1A Criteria

**Status:** Verify the candidate's listing of Status 1A or 1B is correct.

**Surgeon/Physician NPI:** Enter the NPI of the candidate's surgeon/physician. This is **required** field.

**Surgeon/Physician Name:** Enter the name of the candidate's surgeon/physician. This is a **required** field.

**Hospital Telephone Number:** Enter the transplant hospital's telephone number. This is a **required** field.

**Application Submitted By:** Verify the name of the person submitting the application.

**Email to Notify RRB Decision:** Enter the email address to receive the notification. This is a **required** field.

**Fulminant liver failure:** If the candidate has fulminant liver failure, select the condition(s) that apply:

**Onset of hepatic encephalopathy within 56 days of the first signs or symptoms of liver disease**

**Absence of pre-existing liver disease. For purposes of this section, any diagnoses of liver disease that occurred prior to a subsequent liver transplant do not constitute pre-existing liver disease.**

**Candidate currently admitted in intensive care unit (ICU)**

**Ventilator dependence**

**Requires dialysis**

**Requires continuous veno-venous hemofiltration (CVVH)**

**Requires continuous veno-venous hemodialysis (CVVHD)**

**Primary non-function of a transplanted liver:** If the candidate has primary non-function (PNF) of a transplanted liver, complete the required questions. All laboratory results reported for any tests required for the primary non-function of a transplanted liver diagnosis must be from the same blood draw taken between 24 hours and 7 days after the transplant.

**Within how many days of transplantation:** Enter the number of days, between transplant date and the current date, within which primary non-function occurred.

**Transplant Date:** Enter the date of the liver transplant using the format MM/DD/YYYY.

**Draw Date:** Enter the date the labs used to qualify for Status 1A were drawn using the format MM/DD/YYYY. If Draw Date is entered, enter at least one of the following values:

**ALT value:** Enter the alanine aminotransferase (ALT) value in U/L. The entry must fall between 0 and 20000.

**Arterial pH value:** Enter the arterial pH value. The entry must fall between 0 and 14.

**Venous pH value:** Enter the venous pH value. The entry must fall between 0 and 14.

**Lactate value:** Enter the lactate value in mmol/L. The entry must fall between 0 and 15.

**Note:** INR and Bilirubin values entered in the MELD/PELD Data Collection section is also used to qualify for Status 1A.

**Note:** One of Arterial PH or Venous PH or Lactate values are used to define acidosis and together they only count as one of the two criteria necessary to qualify for pediatric Status 1A for primary non-function.

**Hepatic artery thrombosis (HAT) in a transplanted liver?:** If the candidate has a hepatic artery thrombosis of a transplanted liver, complete the following questions:

**Within how many days of transplantation:** Enter the number of days, between the transplant date and the current date, within which hepatic artery thrombosis occurred. This is a required field if **Hepatic artery thrombosis** is selected.

**Transplant Date:** Enter the date of the liver transplant using the format MM/DD/YYYY. This is a required field if **Hepatic artery thrombosis** is selected.

**Acute decompensated Wilson's disease?:** If the candidate has acute decompensated Wilson's disease, complete the following field:

**Enter Clinical Narrative:** Enter a clinical narrative for this candidate (maximum of 5000 characters). This is a required field if **Wilson's disease** is selected.

**Diagnosis:** Enter the candidate's diagnosis. This is a **required** field.

#### Status 1B Criteria

**Status:** Verify the candidate's listing of Status 1A or 1B is correct.

**Surgeon/Physician NPI:** Enter the NPI of the candidate's surgeon/physician. This is **required** field.

**Surgeon/Physician Name:** Enter the name of the candidate's surgeon/physician. This is a **required** field.

**Hospital Telephone Number:** Enter the transplant hospital's telephone number. This is a **required** field.

**Application Submitted By:** Verify the name of the person submitting the application.

**Email to Notify RRB Decision:** Enter the email address to receive the notification. This is a **required** field.

**Chronic liver disease:** If the candidate has chronic liver disease, complete the following questions:

**Glasgow coma score:** Enter the candidate's Glasgow coma score. The entry must fall between 3 and 15.

**Date:** Enter the date the **Glasgow coma score** was evaluated using the format MM/DD/YYYY. This is a required field if a **Glasgow coma score** is entered.

Select the condition(s) that apply:

#### Gastrointestinal bleeding requiring red blood cell replacement

**Indicate amount:** Enter the amount of red blood cell replacement in mL/kg. The entry must fall between 0 and 100. This is a required field if gastrointestinal bleeding requiring red blood cell replacement is selected.



**Date:** Enter the date the red blood cell replacement was given using the format MM/DD/YYYY. This is a required field if gastrointestinal bleeding requiring red blood cell replacement is selected.

**On mechanical ventilator**

**Requires dialysis**

**Requires continuous veno-venous hemofiltration (CVVH)**

**Requires continuous veno-venous hemodialysis (CVVHD)**

**Non-Metastatic Hepatoblastoma suitable for liver transplantation?:** If the candidate has a non-metastatic hepatoblastoma and is suitable for a liver transplant, complete the following questions:

**Biopsy:** If a biopsy was performed, select **Yes**. If not, select **No**.

**Date:** Enter the date the biopsy was performed using the format MM/DD/YYYY. This is a required field if **Biopsy** is **Yes**.

**Metabolic disease?:** If the candidate has a metabolic disease, select the condition(s) that apply.

**Urea cycle defects:** If Urea cycle defects is selected, indicate the type of defect.

**OTC:** If the candidate has Ornithine Transcarbamylase (OTC) Deficiency, select OTC.

**Other - Specify:** If the defect is not OTC or there is a defect in addition to OTC, then enter the type of defect.

**Organic Acidemias:** If Organic Acidemias is selected, indicate the type of acidemias.

**Please specify type:** Enter the type of **Organic Acidemias**. This is a required field if **Organic Acidemias** is selected.

**Diagnosis:** Enter the candidate's diagnosis. This is a **required** field.

#### **MELD/PELD Data Collection**

**Serum Creatinine:** Enter the serum creatinine value. The value must fall between 0.01 to 40 mg/dl. This field is required for candidates who are 10 and older. If a serum creatinine value is entered, then enter the **Test Date** using the format MM/DD/YYYY. Also, if a serum creatinine value is entered, then select **Yes** or **No** for **Had dialysis twice, or 24 hours of CVVHD, within a week prior to the serum creatinine test**.

**Had dialysis twice, or 24 hours of CVVHD, within a week prior to the serum creatinine test?:** If candidate had dialysis twice, or 24 hours of CVVHD, within a week prior to the serum creatinine test, select **Yes**. If not, select **No**. If the candidate did not have a serum creatinine test, select **N/A**. If the candidate is 10 or older, select **Yes** or **No**.

**Serum Sodium:** Enter the serum sodium value. The value must fall between 100.00 to 200.00 mEq/L. If a serum sodium value is entered, then enter the **Test Date** in the format MM/DD/YYYY.

**Encephalopathy:** Enter the date of the encephalopathy test. Next, indicate whether the value was **None**, **1–2**, or **3–4**. The severity is judged according to the candidate's symptoms. The most commonly used staging scale of hepatic encephalopathy is called the West Haven Grading System. The date is required for all values, except for **N/A**. The value cannot be **N/A** for adding, changing status of, or removing a candidate. This field is only required when adding or removing candidates 12 years and older. This does not affect the MELD/PELD score but is used for calculating CTP score.

**Note:** If lab values (excluding **Encephalopathy** and **Ascites**) are updated and the **Encephalopathy** and/or **Ascites** dates are not within 48 hours of the other values, then the data for **Encephalopathy** and/or **Ascites** will be removed. This is to eliminate the confusion of having a mix of updated and old lab values for MELD/PELD and CTP data.

**Ascites:** Enter the date of the ascites test. Next indicate whether the value was **Absent**, **Slight** (or controlled by diuretics), or **At least moderate despite diuretic treatment**. The date is required for all values, except for **N/A**. The value cannot be **N/A** for adding, changing the status of, or removing a candidate. This field is only required when adding or removing candidates 12 years and older. This does not affect the MELD/PELD score but is used for calculating CTP score.

**Note:** If lab values (excluding **Encephalopathy** and **Ascites**) are updated and the **Encephalopathy** and/or **Ascites** dates are not within 48 hours of the other values, then the data for **Encephalopathy** and/or **Ascites** will be removed. This is to eliminate the confusion of having a mix of updated and old lab values for MELD/PELD and CTP data.

**Bilirubin (mg/dl):** Enter the date of the bilirubin test. Next enter the bilirubin value. The normal value is .50 - 50.00 mg/dl. If the value exceeds 50 mg/dl, select **OK** from the displayed warning message to accept the entered value. If data is entered in this field, do not enter data in the **Bilirubin (mg/dl) (PBC/PSC/Other Cholestatic)** field. A bilirubin value is required for all candidates.

**Albumin (g/dl):** Enter the date of the albumin test. Next enter the albumin value. This field is required for candidates aged less than 12. It is also required for candidates aged 12 and older when adding, changing the status of, or removing a candidate from the Waitlist.

**INR:** Enter the date of the INR test. Next enter the INR value. This field is **required** for all candidates.

### 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.

#### Kidney

**Pancreas**

**Pancreas Islet**

**Intestine**

**Heart**

**Heart/Lung**

**Lung**

### SLK Registrations

**Chronic kidney disease (CKD):** If the candidate has chronic kidney disease, enter the **Date** and confirm dialysis and/or measured or estimated creatinine clearance (CrCl) or measured or estimated glomerular filtration rate (GFR). If CKD is the only diagnosis qualifying the candidate for SLK, enter the date that corresponds to the qualifying test or treatment. The system will evaluate and set SLK eligibility status upon updating the candidate's record. In order for the candidate to qualify for SLK based upon CKD diagnosis, the candidate must have at least one of the following:

- begun regularly administered dialysis for End Stage Renal Disease (ESRD)
- CrCL (measured or estimated) less than or equal to 30.0 mL/min
- GFR (measured or estimated) less than or equal to 30.0 mL/min

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

**Sustained acute kidney injury:** If the candidate has sustained acute kidney injury, enter the **Date of test or treatment** and confirm dialysis and/or creatinine clearance (CrCl - measured or estimated) or glomerular filtration rate (GFR - measured or estimated). To provide additional rows of data, click the (+) plus icon on the candidate add page or disk icon on the edit criteria. The system will store each row of data entered. In order for the candidate to qualify for SLK based upon sustained acute kidney injury diagnosis, candidate must have at least one of the following at least once every 7 days for last 6 weeks:

- dialysis received
- CrCL (measured or estimated) less than or equal to 25.0
- GFR (measured or estimated) less than or equal to 25.0

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

**Note:** SLK qualification based upon a diagnosis of sustained acute kidney injury must be continually maintained at least once every 7 days while the candidate is on the liver waiting list.

**Metabolic disease:** If the candidate has metabolic disease, select the condition(s) that apply:

- Hyperoxaluria
- Atypical hemolytic uremic syndrome (HUS) from mutations in factor H or factor I
- Familial non-neuropathic systemic amyloidosis

- Methylmalonic aciduria

**Note:** All data must be documented in the candidate's medical record.

**Transplant nephrologist confirming candidate's most recent diagnosis for SLK:** Enter the name of the transplant nephrologist who diagnosed the candidate's disease. This field must be completed for adult candidates to be eligible for SLK.

**Note:** The transplant nephrologist does not have to be the primary physician listed with UNOS. Any of the candidate's transplant nephrologists can be entered as long as there is documentation in the candidate's medical record that supports the diagnosis and name provided.

### Donor Characteristics

**Acceptable donor age range:** Enter the donor age range your candidate is willing to accept for an expedited liver offer. Be careful about how you specify the acceptable donor age range. For pediatric donors 3 years old or younger (0 to 36 months), you may specify the age in either months or years. For donors older than 36 months old, you must specify the age in years.

### 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.

### 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 ( $\text{kg/m}^2$ ) that the candidate can accept. The BMI must fall between 5.0 and 100.0  $\text{kg/m}^2$ .

**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**.

### 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 Liver?:** Select **Yes** if the candidate is HIV positive and willing to accept an HIV positive liver. If not, select **No**. This field is **required**.

### Recovery

**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.

**Maximum miles the organ or recovery team will travel:** Enter the maximum miles the candidate's organ or recovery team will travel for 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 sodium (Na) - Peak:** Enter the donor maximum acceptable donor sodium (Na) that the candidate can accept for local and import offers in milliequivalent per liter (mEq/L). The number must fall between 0 and 99,999 mEq/L.

**Maximum acceptable donor SGOT (AST) - Peak:** Enter the donor maximum acceptable peak serum aspartate transaminase (AST/SGOT) that the candidate can accept in units per liter (u/L). The number must fall between 1 and 36,000 u/L.

**Maximum acceptable donor SGPT (ALT) - Peak:** Enter the donor maximum acceptable peak ALT (alanine amino transferase, also called SGPT) that the candidate can accept in units per liter (u/L). The number must fall between 1 and 50,000 u/L.

**Maximum acceptable donor INR - Peak:** Enter the donor maximum acceptable peak international normalized ratio (INR) that the candidate can accept in milligram per deciliter (mg/dL). The number must fall between 0.00 and 999.00 mg/dL.

### Expedited Donor Characteristics

Your candidate must be willing to accept an expedited liver recovered by any procurement team in order to opt in.

"Waiting for response" is the default. Your candidate will not receive expedited offers while in this status. Once you have evaluated whether an expedited liver is a desirable option for your candidate, select **Yes** or **No**. You may opt in and specify donor characteristics individually for each donor type.

**Note:** Once opted in, all donor characteristics fields are required for that donor type. Select a response for both Brain Dead Donor and DCD Donor.

**Accept an expedited liver recovered by any procurement team?:** Select **Yes** if willing to accept an expedited liver by any procurement team. If not, select **No**. If yes, all of the following fields are **required**.

**Acceptable donor age range:** Enter the donor age range your candidate is willing to accept for an expedited liver offer. Be careful about how you specify the acceptable donor age range. For pediatric donors 3 years old or younger (0 to 36 months), you may specify the age in either months or years. For donors older than 36 months old, you must specify the age in years.

**Acceptable donor height range:** Enter the donor height range your candidate is willing to accept for an expedited liver offer. The entry must fall between 0 and 120 inches or 0 and 305 centimeters.



Minimum height - The minimum acceptable donor height must be equal to or no more than 12 in. less than the candidate's listing height.

Maximum height - The maximum acceptable donor height must be equal to or no more than 12 in. greater than the candidate's listing height.

**Acceptable donor weight range:** Enter the donor weight range your candidate is willing to accept for an expedited liver offer. The entry must fall between 0 and 650 pounds or 0 and 294 kilograms.

Minimum weight - 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.

Maximum weight - 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.

**Acceptable maximum donor BMI:** Enter the maximum donor BMI in kg/m<sup>2</sup> your candidate is willing to accept for an expedited liver offer. The entry must fall between 5 and 100.

**Acceptable maximum distance from donor hospital (in nautical miles):** Enter the maximum distance from the donor hospital, in nautical miles, your candidate is willing to accept for an expedited liver offer.

**Acceptable maximum macrosteatosis %:** Enter the maximum percentage of macrosteatosis that your candidate is willing to accept for an expedited liver offer. The entry must fall between 0 and 100.

#### 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 Liver?:** 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).