

**Adult Intestine Candidate Listing Registration**  
**Fields to be completed by members**

<b>Form Section</b>	<b>Field Label</b>
Add new candidate registration	Transplant Hospital
Add new candidate registration	Organ
Candidate Add	Center
Candidate Add	Organ
Candidate Add	Age group
Candidate Add	SSN
Candidate Add	Confirm SSN
Provider Information	Transplant Center
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	Date of birth
Demographic Information	Confirm date of birth
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	Height (ft)
Clinical Information	Height (in)
Clinical Information	Height (cm)
Clinical Information	Weight (lbs)
Clinical Information	Weight (kg)
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
Confirm HLA CLASS I	A
Confirm HLA CLASS I	A
Confirm HLA CLASS I	B
Confirm HLA CLASS I	B
Confirm HLA CLASS I	BW4
Confirm HLA CLASS I	BW6
Confirm HLA CLASS I	C
Confirm HLA CLASS I	C
Confirm HLA CLASS II	DR
Confirm HLA CLASS II	DR
Confirm HLA CLASS II	DR51
Confirm HLA CLASS II	DR51
Confirm HLA CLASS II	DR52
Confirm HLA CLASS II	DR52
Confirm HLA CLASS II	DR53
Confirm HLA CLASS II	DR53
Confirm HLA CLASS II	DQB1
Confirm HLA CLASS II	DQB1
Confirm HLA CLASS II	DQA1
Confirm HLA CLASS II	DQA1
Confirm HLA CLASS II	DPB1
Confirm HLA CLASS II	DPB1
Confirm HLA CLASS II	DPA1
Confirm HLA CLASS II	DPA1
Organ Information	Candidate Medical Urgency Status
Organ Information	Inactive Reason
Organ Information	Preliminary Crossmatch Required
Organ Information	Accept intestine if removed by another procurement team?

Organ Information	Accept intestine if kidney procured?
Organ Information	Accept intestine if pancreas procured?
Organ Information	Accept intestine if liver procured?
Organ Information	Number of previous Intestine Transplants
Status 1 Justification Form	Status
Status 1 Justification Form	Surgeon/Physician NPI
Status 1 Justification Form	Surgeon/Physician Name
Status 1 Justification Form	Hospital Telephone Number
Status 1 Justification Form	Primary Diagnosis
Status 1 Justification Form	Specify
Status 1 Justification Form	Secondary Diagnosis
Status 1 Justification Form	Specify
Status 1 Justification Form	The patient no longer has vascular access through the subclavian, jugular or femoral veins for intravenous feeding
Status 1 Justification Form	The patient has abnormal liver function test values
Status 1 Justification Form	Total Bilirubin - Date
Status 1 Justification Form	Total Bilirubin - Value
Status 1 Justification Form	Alkaline Phosphatase - Date
Status 1 Justification Form	Alkaline Phosphatase - Value
Status 1 Justification Form	SGOT/AST - Date
Status 1 Justification Form	SGOT/AST - Value
Status 1 Justification Form	SGPT/ALT - Date
Status 1 Justification Form	SGPT/ALT - Value
Status 1 Justification Form	Albumin - Date
Status 1 Justification Form	Albumin - Value
Status 1 Justification Form	INR - Date
Status 1 Justification Form	INR - Value
Status 1 Justification Form	Other
Status 1 Justification Form	Justification Narrative
Additional Organs	Check any additional organs the candidate may need
Donor Characteristics	Minimum acceptable donor age
Donor Characteristics	Minimum acceptable donor age
Donor Characteristics	Maximum acceptable donor age
Donor Characteristics	Maximum acceptable donor age
Donor Characteristics	Minimum acceptable donor weight
Donor Characteristics	Maximum acceptable donor weight
Donor Characteristics	Maximum acceptable donor BMI
Donor Characteristics	Accept DCD donor?
Donor Characteristics	Accept DCD donor?

Medical and Social History	Accept a donor with a history of gastrointestinal disease?
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?
Infectious diseases	Accept a CMV antibody positive donor?
Recovery	Maximum nautical miles the organ or recovery team will travel
Lab Values	Maximum acceptable donor serum creatinine - peak
Lab Values	Maximum acceptable donor serum creatinine - final
Lab Values	Maximum acceptable donor SGOT (AST) - peak
Lab Values	Maximum acceptable donor SGPT (AST) - peak
Lab Values	Maximum acceptable donor serum amylase - peak
Lab Values	Maximum acceptable donor serum lipase - peak
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

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 information 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 required to

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