Pediatric Lung Candidate Listing Registration Fields to be completed by members

| Form Section | Field Label |
|--------------------------------|---|
| Add new candidate registration | Transplant Hospital |
| 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 Intended Blood Group Incompatible Organ? |
| Clinical Information | Height (ft) |
| Clinical Information | Height (in) |
| Clinical Information | Height (cm) |
| Clinical Information | Heart Measurement Date |
| Clinical Information | Weight (lbs) |
| Clinical Information | Weight (kg) |
| Clinical Information | Weight Measurement Date |
| Clinical Information | BMI |
| HLA CLASS I | A |
| HLA CLASS I | A |
| HLA CLASS I | В |
| HLA CLASS I | В |
| HLA CLASS I | BW4 |
| HLA CLASS I | BW6 |

| HLA CLASS I | С |
|-------------------|--|
| 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 | Lung Diagnosis Code |
| Organ Information | Indicate reason for change in diagnosis |
| Organ Information | Other specify |
| Organ Information | Functional Status |
| Organ Information | Eval Date |
| Organ Information | Diabetes |
| Organ Information | Eval Date |
| Organ Information | Assisted Ventilation |
| Organ Information | Eval Date |
| Organ Information | Requires Supplemental O2 |
| Organ Information | Eval Date |
| Organ Information | Amount |
| Organ Information | Percent |
| Organ Information | Pulmonary Function Test Date |
| Organ Information | Actual Forced Vital Capacity (FVC) |
| Organ Information | Percent Predicted FVC |
| Organ Information | Pre Bronchodilator Actual FEV1 |
| Organ Information | Pre Bronchodilator Percent Predicted FEV1 |
| Organ Information | Post Bronchodilator Actual FEV1 |
| Organ Information | Post Bronchodilator Percent Predicted FEV1 |
| Organ Information | Six Minute Walk Distance |
| Organ Information | Test Date |

| Organ Information | Most Recent Heart Catheterization Date |
|---|---|
| Organ Information | Pulmonary Artery Systolic Pressure |
| Organ Information | Pulmonary Artery Diastolic Pressure |
| Organ Information | Mean Pulmonary Artery Pressure |
| Organ Information | Pulmonary Capillary Wedge Mean |
| Organ Information | Cardiac Output (CO) |
| Organ Information | Cardiac Index (CI) |
| Organ Information | Central Venous Pressure (CVP) |
| Organ Information | Test Date |
| Organ Information | Hgb/Hct Test Date |
| Organ Information | Hemoglobin (Hgb) |
| Organ Information | Hematocrit (Hct) |
| Organ Information | Lung preference |
| Organ Information | Preliminary Crossmatch Required |
| Organ Information | Number of previous Lung Transplants |
| Organ Information - Blood Gas Information | Date |
| Organ Information - Blood Gas Information | Time |
| Organ Information - Blood Gas Information | Blood Gas Test Type |
| Organ Information - Blood Gas Information | pH |
| Organ Information - Blood Gas Information | PCO2 |
| Organ Information - Blood Gas Information | PO2 |
| Organ Information - Blood Gas Information | Supplemental O2 at time of test? |
| Organ Information - Blood Gas Information | O2 Amount |
| Organ Information - Serum Creatinine | Date |
| Organ Information - Serum Creatinine | Time |
| Organ Information - Serum Creatinine | Serum Creatinine |
| Organ Information - Total Bilirubin | Date |
| Organ Information - Total Bilirubin | Time |
| Organ Information - Total Bilirubin | Total Bilirubin |
| Additional Organs | Select any additional organs the candidate may need. |
| 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 | Local Minimum acceptable donor height |
| Donor Characteristics | Import Minimum acceptable donor height |
| Donor Characteristics | Local Minimum acceptable donor height |
| Donor Characteristics | Import Minimum acceptable donor height |
| | |
| Donor Characteristics | Donor Birth Sex requirements |
| Donor Characteristics Donor Characteristics | Donor Birth Sex requirements Local Accept DCD donor? |

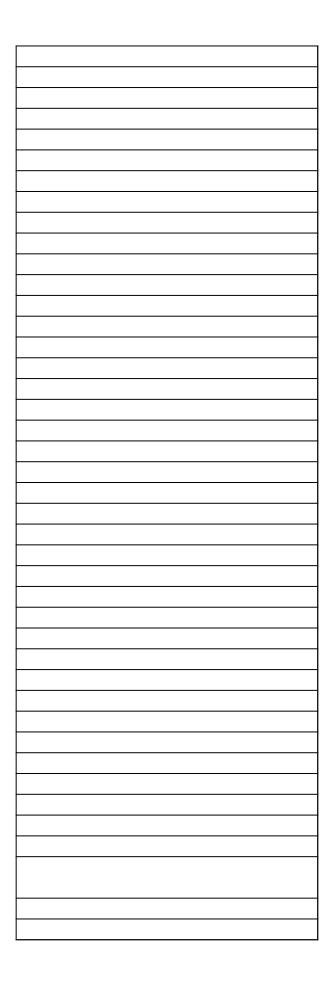
| Medical and Social History | Accept a donor with cigarette use > 20 packs years ever? |
|----------------------------|---|
| Infectious diseases | Accept a Hepatitis B core antibody positive donor? |
| Infectious diseases | Accept an HBV NAT positive donor? |
| Infectious diseases | Accept an HCV antibody positive donor? |
| Infectious diseases | Accept an HCV NAT positive donor? |
| Recovery | Maximum nautical miles the organ or recovery team will travel |
| 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 - unacceptable antigens |
| Unacceptable Antigens | DPB1 - unacceptable epitopes |
| Unacceptable Antigens | DPA1 |
| Verify ABO | ABO |

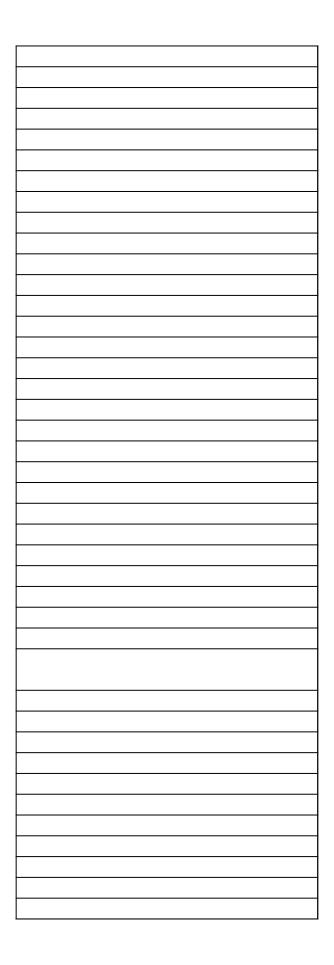
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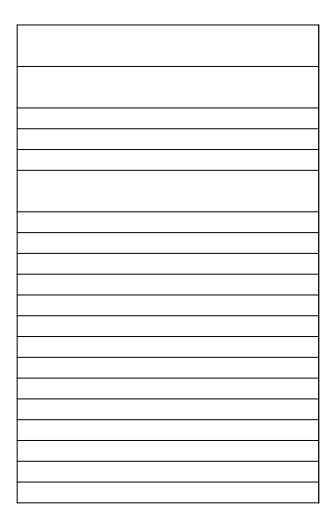
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| Notes |
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ation in order to perform the following OPTN I; and to monitor compliance of member uired to respond to, a collection of information n collection is 0915-0157 and it is valid until)(2). 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