Pediatric Lung Candidate Listing Registratio
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	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	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	Local Accept DCD donor?
Donor Characteristics	Import 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	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 - unacceptable antigens
Unacceptable Antigens	DPB1 - unacceptable 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 req unless it displays a currently valid OMB control number. The OMB control number for this informatio 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 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, i searching existing data sources, and completing and reviewing the collection of information. Send co 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.

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Notes
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))(2). All data collected will be subject to Privacy
OPTN also are well protected by a number of the
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ystems Security Program Handbook. The public
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mments regarding this burden estimate or any
. Information Collection Clearance Officer, 5600