

Form Section
Waitlist registration > Provider
Waitlist registration > Provider
Waitlist registration
Waitlist registration > Candidate identification
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Demographics
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Organ information
Organ information
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Organ information
Clinical data
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Clinical data
HLA and unacceptable antigens > HLA CLASS I
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Donor type > Infectious diseases
Donor type > Infectious diseases
Donor type > Infectious diseases
Donor type > Infectious diseases
Donor type > HOPE Act IRB Research
Donor type
Donor characteristics
Donor characteristics
Donor characteristics
Donor characteristics
Donor characteristics
Donor characteristics
Donor characteristics
Donor characteristics
Donor characteristics
Donor characteristics
Donor clinical data



## LA Lower Limb Candidate Listing Registration

### Fields to be completed by members

Field Label	Notes
Transplant hospital	Display Only – Cascades from Database
24 hour contact phone number	
Organ registration	Display Only – Cascades from Database
SSN	
Confirm SSN	
Date of birth	
Confirm date of birth	
Center patient ID	
Last name	
First name	
MI	
Birth sex	
State of permanent residence	
Permanent ZIP code	
Ethnicity	
Race	
Candidate medical urgency status	
Inactive reason	
Number of previous VCA - lower limb transplants	
VCA body part(s)	
Skin type	
Blood type	
Height (cm)	
Height (ft)	
Height (in)	
Weight (kg)	
Weight (lbs)	
Select any additional organs the candidate may need	
A	
A	
B	

B	
BW4	
BW6	
C	
C	
DR	
DR	
DR51	
DR51	
DR52	
DR52	
DR53	
DR53	
DQB1	
DQB1	
DQA1	
DQA1	
DPB1	
DPB1	
DPA1	
DPA1	
A	
A	

B	
B	
BW4	
BW6	
C	
C	
DR	
DR	
DR51	
DR51	
DR52	
DR52	
DR53	
DR53	
DQB1	
DQB1	
DQA1	
DQA1	
DPB1	
DPB1	
DPA1	
DPA1	
A	



B	
BW	
C	
DR	
DR51	
DR52	
DR53	
DQB1	
DQA1	
DPB1 - unacceptable antigens	
DPB1 - unacceptable epitopes	
DPA1	
Accept a Hepatitis B core antibody positive donor?	
Accept an HBV NAT positive donor?	
Accept an HCV antibody positive donor?	
Accept an HCV NAT positive donor?	
Is the candidate HIV positive and willing to accept an HIV positive VCA - lower limb?	
Accept DCD donor?	
Minimum acceptable donor age	
Minimum acceptable donor age (unit)	
Maximum acceptable donor age	
Maximum acceptable donor age (unit)	
Minimum acceptable donor height	
Minimum acceptable donor height (unit)	
Maximum acceptable donor height	
Maximum acceptable donor height (unit)	
Maximum acceptable donor BMI	
Acceptable donor birth sex	
Additional donor acceptance and/or exclusion criteria to display as information to OPO	
Accept VCA - lower limb if procured by another team?	

Maximum nautical miles the organ or recovery team will travel	
ABO	
Is the candidate HIV positive and willing to accept an HIV positive VCA - lower limb?	

transplantation Network (OPTN) collects this information in order to perform the following OPTN Bylaw requirements for membership in the OPTN; and to monitor compliance of member may not conduct or sponsor, and a person is not required to respond to, a collection of information number. The OMB control number for this information collection is 0915-0157 and it is valid until 12/31/2015 to obtain or retain a benefit per 42 CFR §121.11(b)(2). All data collected will be subject to Privacy Act (5 U.S.C. 552a). Data collected by the private non-profit OPTN also are well protected by a number of the security system meets or exceeds the requirements as prescribed by OMB Circular A-130, Appendix III, and the Departments Automated Information Systems Security Program Handbook. The public burden is estimated to average 0.27 hours per response, including the time for reviewing instructions, 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 5A, Rockville, MD 20857 or paperwork@hrsa.gov.