

| Form Section |
|--|
| Waitlist registration > Provider |
| Waitlist registration > Provider |
| Waitlist registration |
| Waitlist registration > Candidate identification |
| Waitlist registration > Candidate identification |
| Waitlist registration > Candidate identification |
| Waitlist registration > Candidate identification |
| Waitlist registration > Candidate identification |
| Demographics |
| Demographics |
| Demographics |
| Demographics |
| Demographics |
| Demographics |
| Demographics |
| Demographics |
| Organ information |
| Organ information |
| Organ information |
| Clinical data |
| Clinical data |
| Clinical data |
| Clinical data |
| Clinical data |
| Clinical data |
| Clinical data |
| HLA and unacceptable antigens > HLA CLASS I |
| HLA and unacceptable antigens > HLA CLASS I |
| HLA and unacceptable antigens > HLA CLASS I |
| HLA and unacceptable antigens > HLA CLASS I |

| |
|---|
| HLA and unacceptable antigens > HLA CLASS I |
| HLA and unacceptable antigens > HLA CLASS I |
| HLA and unacceptable antigens > HLA CLASS I |
| HLA and unacceptable antigens > HLA CLASS I |
| HLA and unacceptable antigens > HLA CLASS II |
| HLA and unacceptable antigens > HLA CLASS II |
| HLA and unacceptable antigens > HLA CLASS II |
| HLA and unacceptable antigens > HLA CLASS II |
| HLA and unacceptable antigens > HLA CLASS II |
| HLA and unacceptable antigens > HLA CLASS II |
| HLA and unacceptable antigens > HLA CLASS II |
| HLA and unacceptable antigens > HLA CLASS II |
| HLA and unacceptable antigens > HLA CLASS II |
| HLA and unacceptable antigens > HLA CLASS II |
| HLA and unacceptable antigens > HLA CLASS II |
| HLA and unacceptable antigens > HLA CLASS II |
| HLA and unacceptable antigens > HLA CLASS II |
| HLA and unacceptable antigens > HLA CLASS II |
| HLA and unacceptable antigens > HLA CLASS II |
| HLA and unacceptable antigens > HLA CLASS II |
| HLA and unacceptable antigens > Confirm HLA CLASS I |
| HLA and unacceptable antigens > Confirm HLA CLASS I |
| HLA and unacceptable antigens > Confirm HLA CLASS I |

| |
|---|
| HLA and unacceptable antigens > Unacceptable antigens |
| HLA and unacceptable antigens > Unacceptable antigens |
| HLA and unacceptable antigens > Unacceptable antigens |
| HLA and unacceptable antigens > Unacceptable antigens |
| HLA and unacceptable antigens > Unacceptable antigens |
| HLA and unacceptable antigens > Unacceptable antigens |
| HLA and unacceptable antigens > Unacceptable antigens |
| HLA and unacceptable antigens > Unacceptable antigens |
| HLA and unacceptable antigens > Unacceptable antigens |
| HLA and unacceptable antigens > Unacceptable antigens |
| HLA and unacceptable antigens > Unacceptable antigens |
| HLA and unacceptable antigens > Unacceptable antigens |
| 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 clinical data |
| Donor clinical data > Recovery |
| Verify ABO |
| HIV Verification |

VCA Spleen 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 - spleen transplants | |
| 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 - spleen? | |
| Accept DCD donor? | |
| Minimum acceptable donor age | |
| Minimum acceptable donor age (unit) | |
| Maximum acceptable donor age | |
| Maximum acceptable donor age (unit) | |
| Maximum acceptable donor BMI | |
| Additional donor acceptance and/or exclusion criteria to display as information to OPO | |
| Accept VCA - spleen 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 - spleen? | |

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 who may not conduct or sponsor, and a person is not required to respond to, a collection of information from a member. The OMB control number for this information collection is 0915-0157 and it is valid until 12/31/2015. All data collected will be subject to Privacy Act (5 U.S.C. 552a) and Freedom of Information Act (5 U.S.C. 552). 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, searching existing data sources, gathering and maintaining the data needed, and reviewing and completing 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-02, Rockville, MD 20857 or paperwork@hrsa.gov.