

Living Donor Feedback Form
Fields to be completed by members

Form Section	Field Label
Institution	Donor Workup Facility
Donor Information	Donor last name
Donor Information	Donor first name
Donor Information	Donor middle initial
Donor Information	Donor SSN
Donor Information	Donor date of birth
Donor Information	Donor ethnicity
Donor Information	Donor race
Donor Information	Donor birth sex
Donor Information	Donor ABO
Donor Information	Allow OPO to run match?
Donor Information	Donor histocompatibility lab
Donor Information	Living donor recovery procedure aborted after donor received anesthesia OR living donor organ recovered, but not transplanted?
Donor Information	If yes, was the organ recovered?
Donor Information	If yes, specify reason procedure was aborted
Donor Information	Other Specify
Donor Information	Organ Type
Donor Information	Is this donor participating in any KPD program
Donor Information	Social security number of paired candidate
Recipient Information	Institution
Recipient Information	Transplant date
Recipient Information	Recipient last name
Recipient Information	Recipient first name
Recipient Information	Recipient middle initial
Recipient Information	Recipient SSN
Recipient Information	HIC Number
Recipient Information	Recipient date of birth
Recipient Information	Recipient birth sex
Recipient Information	Recipient ethnicity
Recipient Information	Recipient race
Recipient Information	Recipient ABO
Recipient Information	Were extra vessels used in the transplant procedure

Recipient Information	Vessel Donor ID
Recipient Information	Recipient histocompatibility lab
Recipient MELD/PELD	Test Date
Recipient MELD/PELD	Serum creatinine
Recipient MELD/PELD	Had dialysis twice within a week prior to the test?
Recipient MELD/PELD	Height (cm)
Recipient MELD/PELD	Date
Recipient MELD/PELD	Weight (kg)
Recipient MELD/PELD	Date
Recipient MELD/PELD	Encephalopathy - Date
Recipient MELD/PELD	Encephalopathy - Value
Recipient MELD/PELD	Ascites - Date
Recipient MELD/PELD	Ascites - Value
Recipient MELD/PELD	Bilirubin (mg/dl) - Date
Recipient MELD/PELD	Bilirubin (mg/dl) - Value
Recipient MELD/PELD	Albumin (g/dl) - Date
Recipient MELD/PELD	Albumin (g/dl) - Value
Recipient MELD/PELD	INR - Date
Recipient MELD/PELD	INR - Value
Recipient MELD/PELD	Bilirubin (mg/dl) (PBC/PSC/Other Cholestatic) - Date
Recipient MELD/PELD	Bilirubin (mg/dl) (PBC/PSC/Other Cholestatic) - Value

OMB No. 0915-0157; Expiration Date: XX/XX/20XX

PUBLIC BURDEN STATEMENT:

The private, non-profit Organ Procurement and Transplantation Network (OPTN) collects this information for the following 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 respond to, a collection of information unless it displays a currently valid OMB control number. The OMB control number for this information collection is 0915-0157. 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 OPTN is protected by the Contractor's security features. The Contractor's security system meets or exceeds the requirements of a Security of Federal Automated Information Systems, and the Departments Automated Information System. The reporting burden for this collection of information is estimated to average 0.27 hours per response, including reviewing existing data sources, and completing and reviewing the collection of information. Send comments regarding this burden estimate or 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.

