

## Initial Donor Registration

### Details

**Donor ID:** Donor ID displays. This field is read-only.

**OPO:** Select OPO from drop-down list. This is a **required** field.

**Donor hospital:** Select donor hospital from drop-down list. This is a **required** field.

**Time zone:** Select time zone of where the donor hospital is located from drop-down list. This is a **required** field.

Eastern  
Central  
Mountain  
Pacific  
Alaska  
Hawaii  
Atlantic

**Is Daylight Savings Time observed?:**

Yes  
No

**Last Name:** Enter the donor's last name. This field is **required**.

**First Name:** Enter the donor's first name. This field is **required**.

**Middle Initial:** Enter the donor's middle initial.

**KDPI:** (Kidney Donor Profile Index) This field is read-only.

**ABO:** Select donor's ABO information. This is a **required** field.

A  
A1  
A1B  
A2  
A2B  
B  
AB  
O

**Date of birth:** Enter the donor's date of birth. A calendar link is available.

Format: MM/DD/YYYY

**Age (Value):** The donor's age is populated automatically by the system based on the date of birth entered. This is a **required** field.

Range: 0–1188 (months)

**Age (Unit):**

**Months**  
**Years**

**Height:** Enter the donor's height in feet and inches or centimeters. This is a **required** field.

Feet range: 0–7

Inches range: 0–11

Centimeters range: 1–241.3

**Weight:** Enter the donor's weight in pounds or kilograms. This is a **required** field.

Lbs range: 2–650

Kg range: 0.454–294.8

**BMI:** Body Mass Index – a measure that adjusts body weight for height. The BMI is calculated based on the ratio of the weight of the body in kilograms to the square of its height in meters. This field is populated automatically by the system when height and weigh are entered.

**Cause of death:** Select the cause of death. This is a **required** field.

**Anoxia**  
**Cerebrovascular/stroke**  
**Head trauma**  
**CNS tumor**  
**Other, specify**

If Other, specify: Enter the cause of death.

**Admit date and time:** Enter the admission date and time. A calendar link is available.

Format: MM/DD/YYYY and HH:MM

**Note:** Time should be in 24-hour format.

**Mechanism of injury:** Select the mechanism of injury.

**Drowning**  
**Seizure**  
**Drug intoxication**  
**Asphyxiation**  
**Cardiovascular**  
**Electrical**  
**Gunshot wound**  
**Stab**  
**Blunt injury**  
**SIDS**  
**Intracranial hemorrhage/stroke**  
**Death from natural causes**  
**None of the above**

**Pronouncement of death date and time:** Enter the death pronouncement date and time. A calendar link is available.

Format: MM/DD/YYYY and HH:MM

**Note:** Time should be in 24-hour format

**Circumstance of death:** Select the circumstances of death.

MVA  
Suicide  
Homicide  
Child abuse  
Accident  
Non-MVA  
Death from natural causes  
None of the above

**Cold ischemic time:** Total cold ischemic time displays in HH:MM. After 72 hours, "Expired" displays instead of the clock.

**OR Date (status):** Select the status of OR date.

Not Set  
Tentative  
Scheduled

**OR Date (date and time):** Record the Operating Room (OR) date and time.

**Note:** Time should be entered in 24-hour format, and should be entered based on the Donor Hospital local time.

**Recovery Facility:** Indicate the Recovery Facility, by selecting Donor Hospital or Alternate Facility. If OR status is set to Tentative or Scheduled, you must indicate the Recovery Facility.

**Recovery Facility (Alternate Facility Text):** If alternate facility is selected, enter the name of the facility in the space provided.

**Donor meets DCD criteria:** Indicate if the donor meets the donation after Circulatory Death criteria. This is a **required** field.

Yes  
No

**Controlled DCD:**

Yes  
No

**Withdrawal of life-sustaining medical support:** Enter the date (MM/DD/YYYY) and time (HH:MM) of withdrawal of life-sustaining medical support.

**Cessation of circulation:** Enter the date (MM/DD/YYYY) and time (HH:MM) of cessation of circulation.

**Initiation of NRP:** Enter the date (MM/DD/YYYY) and time (HH:MM) of initiation of NRP (Normothermic Regional Perfusion). If unavailable, select the reason from the status (**ST**) drop-down list (**Missing, Unknown, N/A, Not Done**).

**Cardiac arrest / downtime?:** Indicate if the donor experienced cardiac arrest.

**Yes**  
**No**  
**Unknown**

**Duration:** If the donor experienced cardiac arrest, enter the amount of downtime, in minutes, in the space provided.

**CPR administered?:** Indicate if CPR was administered.

**Yes**  
**No**  
**Unknown**

**Duration:** If CPR was administered, enter the amount of downtime, in minutes, in the space provided.

**Ethnicity:** The Revisions to the Standards for the Classification of Federal Data on Race and Ethnicity (Office of Management and Budget (OMB) [Statistical Policy Directive No. 15](#)) define the minimum standards for collecting and presenting data on race and ethnicity for all Federal reporting. The OPTN collection of ethnicity is aligned to this standard.

OMB defines ethnicity to be whether or not a person self-identifies as Hispanic or Latino. For this reason, ethnicity is broken out into two categories, (1) Hispanic or Latino or (2) Not Hispanic or Latino. Select one ethnicity category or select 'Ethnicity Not Reported' if a category was not self-identified by the person.

This field is **required**.

**Hispanic or Latino** – A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.

**Not Hispanic or Latino**

**Ethnicity Not Reported** – Select if person did not self-identify an ethnicity category.

**Race:** The Revisions to the Standards for the Classification of Federal Data on Race and Ethnicity (Office of Management and Budget (OMB) [Statistical Policy Directive No. 15](#)) define the minimum standards for collecting and presenting data on race and ethnicity for all Federal reporting. The OPTN collection of race is aligned to this standard. OMB defines race as a person's self-identification with one or more social groups.

An individual can select one or more race categories (1) White, (2) Black or African American, (3) Asian, (4) American Indian or Alaska Native, (5) Native Hawaiian or Other Pacific Islander, or Race Not Reported.

This field is **required**.

Select one or more race sub-categories or origins. Select 'Other Origin' if origin is not listed. Select 'Origin Not Reported' if the origin was not self-identified by the person.

**White** – A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.

- European Descent**
- Arab or Middle Eastern**
- North African (non-Black)**
- Other Origin**
- Origin Not Reported**

**Black or African American** – A person having origins in any of the Black racial groups of Africa.

- African American**
- African (Continental)**
- West Indian**
- Haitian**
- Other Origin**
- Origin Not Reported**

**American Indian or Alaska Native** – A person having origins in any of the original peoples of North and South America (including Central America) and who maintains tribal affiliation or community attachment.

- American Indian**
- Eskimo**
- Aleutian**
- Alaska Indian**
- Other Origin**
- Origin Not Reported**

**Asian** – A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.

- Asian Indian/Indian Sub-Continent**
- Chinese**
- Filipino**
- Japanese**
- Korean**
- Vietnamese**
- Other Origin**
- Origin Not Reported**

**Native Hawaiian or Other Pacific Islander** – A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.

- Native Hawaiian**
- Guamanian or Chamorro**
- Samoan**
- Other Origin**

**Origin Not Reported**

**Race Not Reported** – Select if person did not self-identify a race category or origin.

**Was the donor born in a country currently classified as endemic for Chagas disease by the CDC?:**

Yes  
No  
Unknown

**Donor Highlights:** Enter any important comments concerning the donor. 5000 character limit.

**Admission course comments:** Enter any comments concerning admission course. 5000 character limit.

**History of diabetes:** Indicate if the donor has a documented history of diabetes mellitus prior to this hospitalization. A donor should not be considered as having a history of diabetes based on gestational diabetes only. This is a **required** field.

No  
Yes, 0-5 years  
Yes, 6-10 years  
Yes, >10 years  
Yes, duration unknown  
Unknown

**History of cancer:** Indicate if the donor has a documented history of any type of cancer prior to this hospitalization.

No  
Skin-squamous, basal cell  
Skin, melanoma  
CNS tumor-astrocytoma  
CNS tumor-glioblastoma multiforme  
CNS tumor-medulloblastoma  
CNS tumor-neuroblastoma  
CNS tumor-angioblastoma  
CNS tumormeningioma  
CNS tumor-other  
Genitourinary-bladder  
Genitourinary-uterine cervix  
Genitourinary-uterine body endometrial  
Genitourinary-uterine body choriocarcinoma  
Genitourinary-vulva  
Genitourinary-ovarian  
Genitourinary-penis, testicular  
Genitourinary-prostate  
Genitourinary-kidney  
Genitourinary-unknown  
Gastrointestinal-esophageal  
Gastrointestinal-stomach  
Gastrointestinal-small intestine  
Gastrointestinal-colo-rectal

**Gastrointestinal-liver & biliary tract**  
**Gastrointestinal-pancreas**  
**Breast**  
**Thyroid**  
**Tongue/throat**  
**Larynx**  
**Lung (include bronchial)**  
**Leukemia/lymphoma**  
**Unknown**  
**Other, specify**

**Other, specify:** Enter the type of cancer in the space provided.

**History of hypertension:** Indicate if the donor has a documented history of hypertension prior to this hospitalization. This is a **required** field.

**No**  
**Yes, 0-5 years**  
**Yes, 6-10 years**  
**Yes, >10 years**  
**Yes, duration unknown**  
**Unknown**

**Compliant with treatment:** Indicate if the donor was compliant with treatment. This field is **required**.

**Yes**  
**No**  
**Unknown**

**History of coronary artery disease (CAD):** Indicate if the donor had a history of coronary artery disease. This field is **required**.

**Yes**  
**No**  
**Unknown**

**Previous sternotomies:** Select **Yes** if the donor had one or more previous sternotomies and select the applicable procedure type(s). If median sternotomy scar is present but procedure type is unknown, select 'Yes' for 'previous sternotomies' and enter "unknown" under 'Specify.' Select **No** if the donor had no previous sternotomies. Select **Unknown** if it is not clear whether the donor had previous sternotomies.

**Procedure type(s):** Select previous sternotomy procedure type(s).

**Congenital heart defect surgery**  
**Coronary artery bypass graft surgery (CABG)**  
**Heart valve replacement**  
**Maze procedure**  
**Other, specify**

**Specify:** Enter the type of procedure in the space provided.

**Previous gastrointestinal disease:** Indicate if the donor had a history of gastrointestinal disease. This is a **required** field.

Yes  
No  
Unknown

**History of anaphylaxis to peanut and/or tree nut:** Select **Yes** if the donor has any history of anaphylactic reaction to peanuts and/or tree nuts. Select **No** if the donor had no history of anaphylaxis to peanuts or tree nuts. Select **Unknown** if donor historian or donor medical records are not available and it is not clear if the donor had a history of anaphylaxis to peanuts or tree nuts.

**Chest trauma:** Indicate if the donor had chest trauma.

Yes  
No  
Unknown

**History of smoking:** Select **Yes** if the donor has any history of smoking cigarettes, marijuana, or vapes. Select **No** if the donor has no history of smoking cigarettes, marijuana, or vapes. Select **Unknown** if donor historian or donor medical records are not available or it is not clear or known if the donor had a history of smoking cigarettes, marijuana, or vapes.

**Cigarette smoking:** If the response to 'History of smoking' field is 'Yes', this field is **required**.

**Current:** Select if donor smoked cigarettes up until time of death.

**Former:** Select if donor had smoked cigarettes in the past, but quit before time of death.

**Never:** Select if the donor never smoked cigarettes.

**Unknown:** Select if the donor historian and donor medical records are not available or it is not clear or known if the donor had a history of smoking cigarettes.

**Frequency of cigarette smoking:** Enter on average, how many packs per day or cigarettes per day in respective field. If 'Cigarette smoking' is either 'current' or 'former', this field is **required**.

**Packs per day:** Enter the average number of cigarette packs smoked each day. This can be entered as a whole number (1 pack, 2 packs) or decimals (0.25 pack, 0.5 pack).

**Cigarettes per day:** Enter the average number of cigarettes smoked each day. This can be entered as whole numbers (1 cigarette, 2 cigarettes) or decimals (0.1 cigarette, 0.5 cigarettes). For example, if a donor smoked 3 cigarettes a week (3 cigarettes per 7 days), enter 0.4 cigarettes.

**Unknown:** Select if the donor historian and donor medical records are not available or it is not clear or known how many packs per day or cigarettes per day the donor smoked.

**How many years did they smoke?:** Enter the number of years as a cigarette smoker. If the donor historian and donor medical records are not available or it is not clear or known how many years the donor smoked, select **Unknown**. If the response to 'Cigarette smoking' is either 'current' or 'former', this field is **required**.

**Pack years:** This field is display only.

**Vape use:** If the response to 'History of smoking' field is 'Yes', this field is **required**.

**Current:** Select if donor vaped up until time of death.

**Former:** Select if donor had vaped in the past, but quit before time of death.

**Never:** Select if the donor never vaped.

**Unknown:** Select if the donor historian and donor medical records are not available or it is not clear or known if the donor had a history of vaping.

**Frequency of vaping:** Indicate, on average, how often the donor vapes/vaped. If the response to 'Vape use' field is either 'current' or 'former', this field is **required**.

**Every day:** Select if the donor vaped every day.

**Every week:** Select if the donor vaped once a week or more but less than once a day.

**Less than weekly:** Select if the donor vaped less than once a week.

**Unknown:** Select if the donor historian and donor medical records are not available or it is not clear or known how often the donor vaped.

**How many years did they vape?:** Enter the number of years as a vape user. If the donor historian and donor medical records are not available or it is not clear or known how many years the donor vaped, select **Unknown**. If the response to 'Vape use' field is either 'current' or 'former', this field is **required**.

**Marijuana smoking:** Report if donor has a history of marijuana smoking. If the response to 'History of smoking' field is 'Yes', this field is **required**.

**Current:** Select if donor smoked marijuana up until time of death.

**Former:** Select if donor had smoked marijuana in the past, but quit before time of death.

**Never:** Select if the donor never smoked marijuana.

**Unknown:** Select if the donor historian and donor medical records are not available or it is not clear or known if the donor had a history of smoking marijuana.

**Frequency of marijuana smoking:** Indicate, on average, how often the donor smoked marijuana. If the response to 'Marijuana smoking' field is either 'current' or 'former', this field is **required**.

**Every day:** Select if the donor smoked marijuana every day.

**Every week:** Select if the donor smoked marijuana once a week or more but less than once a day.

**Less than weekly:** Select if the donor smoked marijuana less than once a week.

**Unknown:** Select if the donor historian and donor medical records are not available or it is not clear or known how often the donor smoked marijuana.

**How many years did they smoke?:** Enter the number of years as a marijuana smoker. If the donor historian and donor medical records are not available or it is not clear or known how many years the donor smoked marijuana, select **Unknown**. If the response to 'marijuana smoking' is either 'current' or 'former', this field is **required**.

**Heavy alcohol use (2+ drinks/day):** Indicate if the donor has a history of having more than 2 alcoholic drinks per day. This field is **required**.

Yes  
No

**Unknown**

**I.V. drug usage:** Indicate if the donor had a history of intravenous drug use. This field is required.

Yes  
No  
Unknown

**According to the OPTN policy in effect on the date of referral, does the donor have risk factors for blood-borne disease transmission?:** This field is read-only.

**Sex (i.e., any method of sexual contact, including vaginal, anal, and oral) with a person known or suspected to have HIV, HBV, or HCV infection:**

Yes  
No

**Man who has had sex with another man:**

Yes  
No

**Sex in exchange for money or drugs:**

Yes  
No

**Sex with a person who had sex in exchange for money or drugs:**

Yes  
No

**Drug injection for nonmedical reasons:**

Yes  
No

**Sex with a person who injected drugs for nonmedical reasons:**

Yes  
No

**Incarceration (confinement in jail, prison, or juvenile correction facility) for ≥72 consecutive hours:**

Yes  
No

**Child breastfed by a mother with HIV infection:**

Yes  
No  
N/A

**Child born to a mother with HIV, HBV, or HCV infection:**

Yes  
No  
N/A

**Unknown medical or social history:**

Yes  
No

**History of myocardial infarction:**

Yes  
No  
Unknown

**Medical and social history comments:** Enter any comments concerning medical and/or social history.

**Vital Signs**

***Donor Management Indicators – Range***

**Begin Date:** Enter the starting date the vital signs were taken (MM/DD/YYYY). A calendar link is available.

**Begin Time:** Enter the starting time (HH:MM) the vital signs were taken.

**Note:** Time should be in 24-hour format.

**End Date:** Enter the ending date (MM/DD/YYYY) the vital signs were taken. A calendar link is available.

**End Time:** Enter the ending time (HH:MM) the vital signs were taken.

**Note:** Time should be in 24-hour format.

**Average or Actual BP:** Enter the systolic and diastolic blood pressure values for the average or actual blood pressure. This is a **required** field.

Range: 0–300 (systolic) and 0–200 (diastolic)

**Heart Rate:** Enter the heart rate in beats per minute. This is a **required** field.

Range: 1–225

**High Blood Pressure:** Enter the systolic and diastolic values for the highest blood pressure.

Range: 0–300 (systolic) and 0–200 (diastolic)

**Duration at high:** Enter the duration of the blood pressure at its highest in minutes.

Range: 1–2880

**Low Blood Pressure:** Enter the systolic and diastolic values for the lowest blood pressure.

Range: 0–300 (systolic) and 0–200 (diastolic)

**Duration at Low:** Enter the duration of the blood pressure at its lowest in minutes.

Range: 1–2880

**Core Body Temp:** Enter the range of core body temperature. Indicate if temperature is entered in Celsius or Fahrenheit.

Range: 26.7–110.1

**Urine output (cc/hour):** Enter the value in cc/hour. This is a **required** field.

Range: 0–5000

**CVP (mm/Hg):** Enter the central venous pressure in mm/Hg.

Range: 0–50

**PA Pressure Systolic:** Enter the systolic pulmonary artery (pa) pressure value in mm/Hg.

Range: 0–300

**PA Pressure Diastolic:** Enter the diastolic pulmonary artery (pa) pressure value in mm/Hg.

Range: 0–200

**PCWP:** Enter the pulmonary capillary wedge pressure value in mm/Hg.

Range: 0–50

**PAMP:** Enter the pulmonary artery mean pressure value in mm/Hg.

Range: 0–50

**Cardiac Output / Cardiac Input:** Enter the Cardiac Output in L/min and Cardiac Input in L/min/sq.m. The user may also select to only enter a single value (the first part of the range) or both values in a range.

Cardiac Output Range: 0.2–15

Cardiac Input Range: 0–50

### ***Donor Management Indicators – Hourly***

**Begin Date:** Enter the starting date the vital signs were taken (MM/DD/YYYY). A calendar link is available.

**Begin Time:** Enter the starting time (HH:MM) the vital signs were taken.

**Note:** Time should be in 24-hour format.

**Average or Actual BP:** Enter the systolic and diastolic blood pressure values for the average or actual blood pressure. This is a **required** field.

Range: 0–300 (systolic) and 0–200 (diastolic)

**Heart Rate:** Enter the heart rate in beats per minute. This is a **required** field.

Range: 1–225

**Core Body Temp:** Enter the range of core body temperature. Indicate if temperature is entered in Celsius or Fahrenheit.

Range: 26.7–110.1

**CVP (mm/Hg):** Enter the central venous pressure in mm/Hg.

Range: 0–50

**PA Pressure Systolic:** Enter the systolic pulmonary artery (pa) pressure value in mm/Hg.

Range: 0–300

**PA Pressure Diastolic:** Enter the diastolic pulmonary artery (pa) pressure value in mm/Hg.

Range: 0–200

**PCWP:** Enter the pulmonary capillary wedge pressure value in mm/Hg.

Range: 0–50

**PAMP:** Enter the pulmonary artery mean pressure value in mm/Hg.

Range: 0–50

**Cardiac Output / Cardiac Input:** Enter the Cardiac Output in L/min and Cardiac Input in L/min/sq.m. The user may also select to only enter a single value (the first part of the range) or both values in a range.

Cardiac Output Range: 0.2–15

Cardiac Input Range: 0–50

### ***Vital Signs – DCD Management***

**Begin Date:** Enter the starting date the vital signs were taken (MM/DD/YYYY). A calendar link is available.

**Begin Time:** Enter the starting time (HH:MM) the vital signs were taken.

**Note:** Time should be in 24-hour format.

**Average or Actual BP:** Enter the systolic and diastolic blood pressure values for the average or actual blood pressure. This is a **required** field.

Range: 0–300 (systolic) and 0–200 (diastolic)

**Heart Rate:** Enter the heart rate in beats per minute. This is a **required** field.

Range: 1–225

**Mean Arterial Pressure (MAP):** Enter the mean arterial pressure (mmHg).

**Oxygen saturation (SpO<sub>2</sub>):** Enter the date (MM/DD/YYYY), time (HH:MM), and range (0–100).

**Vital Signs Comments:** Enter any comments concerning the vital signs.

## Labs

### ***Complete Blood Count (CBC)***

**Date**: Enter the date (MM/DD/YYYY) the blood count was obtained. A calendar link is available.

**Time**: Enter the time (HH:MM) the blood count was obtained.

**Note**: Time should be in 24-hour format.

**WBC (thous/mcL)**: (White Blood Cells) Enter the value in thous/mcL.

Range: 1–25

**RBC (thous/mcL)**: (Red Blood Cells) Enter the value in thous/mcL.

Range: 1–25

**HgB (g/dL)**: (Hemoglobin) Enter the value in g/dL.

Range: 1–30

**Hct (%)**: (Hematocrit) Enter the value in %.

Range: 0–75

**Plt (thous/mcL)**: (Platelets) Enter the value in thous/mcL.

Range: 50–500

**Bands (%)**: Enter the value in %.

Range: 0–25

### ***Lab Panel***

**Date**: Enter the date (MM/DD/YYYY) the lab panel was obtained. A calendar link is available.

**Time**: Enter the time (HH:MM) the lab panel was obtained.

**Note**: Time should be in 24-hour format.

**Serum Sodium (mEq/L)**: (Sodium) Enter the lab value in mEq/L. This is a **required** field.

Range: 0–99,999

**K+ (mmol/L)**: (Potassium) Enter the lab value in mmol/L.

Range: 0–999.9

**Cl (mmol/L)**: (Chloride) Enter the lab value in mmol/L.

Range: 0–9999

**CO2 (mmol/L)**: Enter the lab value in mmol/L.

Range: 0–999.9BUN (mg/dL)

**BUN (mg/dL)**: Enter the lab value in mg/dL. This is a **required** field.

Range: 0–9999

**Creatinine (mg/dL)**: Enter the lab value in mg/dL. This is a **required** field.

Range: 0.01–40

**Glucose (mg/dL)**: Enter the lab value in mg/dL. This is a **required** field.

Range: 0–9999

**Total Bilirubin (mg/dL)**: Enter the lab value in mg/dL. This is a **required** field.

Range: 0–9999.9

**Direct Bilirubin (mg/dL)**: Enter the lab value mg/dL.

Range: 0–9999.9

**Indirect Bilirubin (mg/dL)**: Enter the lab value in mg/dL.

Range: 0–9999.9

**SGOT (AST) (u/L)**: (Serum Glutamic Oxaloacetic Transaminase/Aspartate Transaminase)  
Enter the lab value in U/L. This is a **required** field.

Range: 1–36,000

**SGPT (ALT) (u/L)**: (Serum Glutamic Pyruvic Transaminase/Alanine Aminotransferase) Enter  
the lab value in U/L. This is a **required** field.

Range: 1–50000

**Alkaline phosphatase (u/L)**: Enter the lab value in units/L.

Range: 0–9999

**GGT (u/L)**: Enter the lab value in u/L.

Range: 0–9999

**LDH (u/L)**: Enter the lab value in u/L.

Range: 0–99,999

**Albumin (g/dL)**: Enter the lab value in g/dL.

Range: 0–999.99

**Total protein (g/dL)**: Enter the value in g/dL.

Range: 0–999.9

**Prothrombin (PT) (seconds)**: Enter the lab value in seconds. This is a **required** field.

Range: 0–9999.9

**INR**: (International Normalized Ratio) Enter the lab value.

Range: 0–999.99

**PTT (seconds)**: Enter the lab value in seconds.

Range: 0–9999.9

**Serum Amylase (u/L)**: Enter the lab value in u/L. This is a **required** field.

Range: 0–9999.99

**Serum Lipase (u/L)**: Enter the lab value in u/L. This field is **required** for pancreas, kidney-pancreas and pancreas islet electronic organ offers.

Range: 0–9999.99

**Serum Lipase Upper Normal Limit (u/L)**: Enter the lab value (i.e., maximum normal value or highest reference value) in u/L. This field is **required** for pancreas, kidney-pancreas and pancreas islet electronic organ offers.

Range: 0–9999.99

### ***Urinalysis***

**Date**: Enter the date (MM/DD/YYYY) the urinalysis was obtained. A calendar link is available.

**Time**: Enter the time (HH:MM) the urinalysis was obtained.

**Note**: Time should be in 24-hour format.

**Color**: Enter the value.

**Appearance**: Enter the value.

**pH**: Enter the value.

Range: 5–10

**Specific gravity**: Enter the value.

Range: 1–1.5

**Protein**: Select the result of the test from the drop-down list.

**Positive**  
**Negative**

If positive, enter any results and/or comments concerning the test in the space provided.

**Glucose**: Select the result of the test from the drop-down list.

**Positive**  
**Negative**

If positive, enter any results and/or comments concerning the test in the space provided.

**Blood**: Select the result of the test from the drop-down list.

**Positive**

**Negative**

If positive, enter any results and/or comments concerning the test in the space provided.

**RBC:** (Red Blood Cells) Select the result of the test from the drop-down list.

**Positive**  
**Negative**

If positive, enter any results and/or comments concerning the test in the space provided.

**WBC:** (White Blood Cells) Select the result of the test from the drop-down list.

**Positive**  
**Negative**

If positive, enter any results and/or comments concerning the test in the space provided.

**Epith (%)**: Select the result of the epithelial cells test from the drop-down list.

**Positive**  
**Negative**

If positive, enter any results and/or comments concerning the test in the space provided.

**Casts:** Select the result of the test from the drop-down list.

**Positive**  
**Negative**

If positive, enter any results and/or comments concerning the test in the space provided.

**Bacteria:** Select the result of the test from the drop-down list.

**Positive**  
**Negative**

If positive, enter any results and/or comments concerning the test in the space provided.

**Leukocyte esterase:** Select the result of the test from the drop-down list.

**Positive**  
**Negative**

If positive, enter any results and/or comments concerning the test in the space provided.

***ABGS/Ventilator Settings***

**Date:** Enter the date (MM/DD/YYYY) the ABGs were obtained. A calendar link is available. This is a **required** field.

**Time:** Enter the time (HH:MM) the ABGs were obtained. This is a **required** field.

**Note:** Time should be in 24-hour format.

**pH:** Enter the value. This is a **required** field.

Range: 5–8

**PaCO2 (mmHg)**: Enter the value in mmHg. This is a **required** field.

Range: 0–999.9

**PaO2 (mmHg)**: (Partial Pressure of Arterial Oxygen) Enter the value in mmHg. This is a **required** field.

Range: 0–999.9

**HCO3 (mEq/L)**: Enter the value in mEq/L. This is a **required** field.

Range: 0–99.9

**SaO2 (%)**: Enter the value in %. This is a **required** field.

Range: 50–100

**Mode**: Select the mode from the drop-down list. This is a **required** field.

NC  
CPAP  
BiPAP  
SIMV  
A/C  
CMV  
Other

If **Other**, enter the mode.

**FiO2 (%)**: Enter the value in %. This is a **required** field.

Range: 20–100

**RR**: Enter the rate. This is a **required** field.

Range: 1–250

**VT (cc)**: (Tidal Volume) Enter the value. This is a **required** field.

Definition: The volume of each breath delivered by a ventilator.

Range: 10–2,000

**PEEP (cmH2O)**: (Positive End-Expiratory Pressure) Enter the value. This is a **required** field.

Range: 0–25

**PIP (cmH2O)**: (Peak Inspiratory Pressure) Enter the value in centimeters of water pressure (cmH<sub>2</sub>O).

Definition: The highest pressure delivered by the ventilator at any instant during a single ventilatory cycle.

Range: 10–50

### ***Lab Values***

**Date:** Enter the date (MM/DD/YYYY) the ABGs were obtained. A calendar link is available.

**Time:** Enter the time (HH:MM) the ABGs were obtained.

**Note:** Time should be in 24-hour format.

**CPK(u/L):** Enter the value in u/L.

Range: 0–99999

**CK-MB(ng/mL):** Enter the value in ng/mL.

Range: 0–9999.9

**Troponin I (ng/mL):** Enter the value in ng/mL.

Range: 0–9999.99

**Troponin T (ng/mL):** Enter the value in ng/mL.

Range: 0–9999.99

**Toxicology Screen:** Indicate if a toxicology screen was completed.

Yes

No

**Results:** If yes, enter results and/or comments concerning the toxicology screen.

**HbA1C (%)**: Enter the HbA1C.

Range: 2–15%

**HbA1C (%) Date:** Enter the date (MM/DD/YYYY) the HbA1C was obtained. A calendar link is available.

**HbA1C (%) Time:** Enter the time (HH:MM) the HbA1C was obtained.

**Note:** Time should be in 24-hour format.

**Other labs, specify:** Enter any information concerning additional labs.

### ***Cultures/Microbiology***

**Date:** Enter the collection date (MM/DD/YYYY). A calendar link is available.

**Time:** Enter the collection time (HH:MM).

**Note:** Time should be in 24-hour format.

**Type:** Select the type from the drop-down list. If **Other** is selected, enter the type in the space provided.

Blood

Urine

Sputum gram stain

**Dputum culture**  
**CSF**  
**Other**

**Result:** Indicate the result.

**Positive**  
**Negative**  
**Pending**

**Comments:** Enter any comments concerning cultures/microbiology.

**Note:** Adding new lab data and editing existing lab data, will be allowed for a period of 180 days after the Donor Add date.

### Meds/Fluids

**Inotropic Medication:** Select the medication from the drop-down list. If **Other, specify** is selected, enter the medication in the space provided.

**Dopamine**  
**Dobutamine**  
**Epinephrine**  
**Levophed**  
**Neosynephrine**  
**Isoproterenol (Isuprel)**  
**Other, specify**

**Begin Date:** Enter the date the administration of inotropic medication began. A calendar link is available.

Format: MM/DD/YYYY

**Begin Time:** Enter the time the administration of inotropic medication began.

Format: HH:MM

**Note:** Time should be in 24-hour format.

**End Date:** Enter the date the administration of inotropic medication ended. A calendar link is available.

Format: MM/DD/YYYY

**End Time:** Enter the time the administration of inotropic medication ended.

Format: HH:MM

**Note:** Time should be in 24-hour format

**Value:** Enter the inotropic medication value.

Range: 0.001–500

**Units:** Select the unit type from the drop-down list.

mcg/kg/min  
mcg/min  
mg/min  
units/hr  
mcg/hr

**I.V. fluids:** (Intravenous) Enter the value in cc/hour.

Range: 1–9999

**Steroids:** Indicate if steroids were administered within 24 hours prior to cross-clamp.

Yes  
No

If **Yes, specify:** Enter the name of the steroid in the space provided.

**Diuretics:** Indicate if diuretics were administered within 24 hours prior to cross-clamp.

Yes  
No

If **Yes, specify:** Enter the name of the diuretic in the space provided.

**T3:** Indicate if T3 was administered within 24 hours prior to cross-clamp.

Yes  
No

**T4:** Indicate if T4 was administered within 24 hours prior to cross-clamp.

Yes  
No

**Insulin:** Indicate if insulin was administered within 24 hours prior to cross-clamp.

Yes  
No

**Begin Date:** Enter the begin date (MM/DD/YYYY). A calendar link is available.

**Begin Time:** Enter the begin time (HH:MM).

**Note:** Time should be in 24-hour format.

**End Date:** Enter the end date (MM/DD/YYYY). A calendar link is available.

**End Time:** Enter the end time (HH:MM).

**Note:** Time should be in 24-hour format.

**Antihypertensives:** Indicate if antihypertensives were administered within 24 hours prior to cross-clamp.

Yes  
No

**Vasodilators:** Indicate if vasodilators were administered within 24 hours prior to cross-clamp.

Yes  
No

**Begin Date:** Enter the begin date (MM/DD/YYYY). A calendar link is available.

**Begin Time:** Enter the begin time (HH:MM).

**Note:** Time should be in 24-hour format.

**End Date:** Enter the end date (MM/DD/YYYY). A calendar link is available.

**End Time:** Enter the end time (HH:MM).

**Note:** Time should be in 24-hour format.

**DDAVP:** Indicate if DDAVP (synthetically derived vasopressor) was administered within 24 hours prior to cross-clamp.

Yes  
No

**Arginine vasopressin:** Indicate if arginine vasopressin (human- or animal-derived vasopressor) was administered within 24 hours prior to cross-clamp.

Yes  
No

**Begin Date:** Enter the begin date (MM/DD/YYYY). A calendar link is available.

**Begin Time:** Enter the begin time (HH:MM).

**Note:** Time should be in 24-hour format.

**End Date:** Enter the end date (MM/DD/YYYY). A calendar link is available.

**End Time:** Enter the end time (HH:MM).

**Note:** Time should be in 24-hour format.

**Total Parenteral Nutrition:** Indicate if Total Parenteral Nutrition was administered.

Yes  
No

**Heparin:** Indicate if Heparin was administered.

Yes  
No

**Begin Date:** Enter the begin date (MM/DD/YYYY). A calendar link is available.

**Begin Time:** Enter the begin time (HH:MM).

**Note:** Time should be in 24-hour format.

**End Date:** Enter the end date (MM/DD/YYYY). A calendar link is available.

**End Time:** Enter the end time (HH:MM).

**Note:** Time should be in 24-hour format.

**Units:** Enter the number of units administered.

Values: 100 to 900 in increments of 100 then 1,000 to 50,000 in increments of 1,000.

**Other/specify 1:** Enter the name of any other medications administered.

**Other/specify 2:** Enter the name of any other medications administered.

**Other/specify 3:** Enter the name of any other medications administered.

### ***Transfusions/Blood Products***

#### **Transfusions prior to ABO determination:**

Yes

No

**Total number:** Enter the total number of transfusions.

**Total volume:** Enter the total volume.

#### **Transfusions following ABO determination:**

Yes

No

**Total number:** Enter the total number of transfusions.

**Total volume:** Enter the total volume.

**Other blood products:** Indicate if any other blood products were received by the donor.

Yes

No

If **Yes**, specify: Enter the type of blood product in the space provided

**Were any support therapies initiated?:** Indicate if any support therapies have been initiated. This includes support therapies initiated from the earliest time of admission to time of cross clamp; inclusive of any hospital transfers. Select **Yes** or **No**. This field is required for sending organ offer notifications.

**Support therapy:** If support therapies have been initiated, indicate therapy type(s).

**Cardiac device: (IABP) - Intra-Aortic Balloon Pump**

**Cardiac device: (LVAD) - Left ventricular assist device**

**Cardiac device: (RVAD) - Right ventricular assist device**

Cardiac device: (MCSD) - Temporary mechanical circulatory support device  
Cardiac device: (VA ECMO) - Venoarterial Extracorporeal Membrane Oxygenation  
Cardiac device: (VV ECMO) - Venovenous Extracorporeal Membrane Oxygenation  
Cardiac device Left Heart Device: Other  
Cardiac device: Right Heart Device: Other  
Inhaled Therapy: Nitric Oxide  
Inhaled Therapy: Other  
Renal Replacement Therapy: (CRRT) Continuous Renal Replacement Therapy  
Renal Replacement Therapy: (iHD) Intermittent Hemodialysis  
Renal Replacement Therapy: (PD) Peritoneal dialysis  
Renal Replacement Therapy: (SLED) Sustained low efficiency dialysis  
Renal Replacement Therapy: Other

**Begin date:** Enter the date the support therapy was started.

**Begin time:** Enter the time the support therapy was started.

**End date:** Enter the date the support therapy ended.

**End time:** Enter the time the support therapy ended.

**Note:** Support therapy begin and end date and time must be before cross-clamp date and time.

**Duration:** This field is display only.

## Infectious Diseases

**Anti-HBc:** (Hepatitis B Virus) Indicate whether the specimen that was used for the test was hemodiluted. Select **Yes**, **No**, or **Unknown** from the drop-down list of options. This is a **required** field.

**Anti-HBc – Hemodilution:** Select the result of the test. If a test has been run but results have not been received, select **Pending**. If it is not known if a test has been run, select **Not Done**. If the results from an infectious disease test were inconclusive or equivocal, select **Indeterminate**. Only Positive and Negative values cascade to the TIEDI DDR record. This field is used for screening.

Values: Positive; Negative; Not Done; Indeterminate, Pending

**HBV NAT:** Indicate whether the specimen that was used for the test was hemodiluted. Select **Yes**, **No**, or **Unknown** from the drop-down list of options. This is a **required** field.

**HBV NAT – Hemodilution:** Select the result of the test. If a test has been run but results have not been received, select **Pending**. If it is not known if a test has been run, select **Not Done**. If the results from an infectious disease test were inconclusive or equivocal, select **Indeterminate**. Only Positive and Negative values cascade to the TIEDI DDR record. This field is used for screening.

Values: Positive; Negative; Not Done; Indeterminate, Pending

**HBsAg:** (Hepatitis B Surface Antigen) Indicate whether the specimen that was used for the test was hemodiluted. Select **Yes**, **No** or **Unknown** from the drop-down list of options.

**HBsAg – Hemodilution:** Select the result of the test. If a test has been run but results have not been received, select **Pending**. If it is not known if a test has been run, select **Not Done**. If the results from an infectious disease test were inconclusive or equivocal, select **Indeterminate**. Only Positive and Negative values cascade to the TIEDI DDR record. This field is used for screening.

**Positive**  
**Negative**  
**Not Done**  
**Indeterminate**  
**Pending**

**HBsAb:** (Hepatitis B Surface Antibody) Indicate whether the specimen that was used for the test was hemodiluted. Select **Yes**, **No** or **Unknown** from the drop-down list of options.

**HBsAb – Hemodilution:** Select the result of the test. If a test has been run but results have not been received, select **Pending**. If it is not known if a test has been run, select **Not Done**. If the results from an infectious disease test were inconclusive or equivocal, select **Indeterminate**. Only Positive and Negative values cascade to the TIEDI DDR record. This field is used for screening.

**Positive**  
**Negative**  
**Not Done**  
**Indeterminate**  
**Pending**

**Anti-HCV:** (Hepatitis C Virus) Indicate whether the specimen that was used for the test was hemodiluted. Select **Yes**, **No**, or **Unknown** from the drop-down list of options. This is a **required** field.

**Anti-HCV – Hemodilution:** Select the result of the test. If a test has been run but results have not been received, select **Pending**. If it is not known if a test has been run, select **Not Done**. If the results from an infectious disease test were inconclusive or equivocal, select **Indeterminate**. Only Positive and Negative values cascade to the TIEDI DDR record. This field is used for screening.

**Positive**  
**Negative**  
**Not Done**  
**Indeterminate**  
**Pending**

**HCV NAT:** (Hepatitis C Nucleic Acid Amplification Testing) Indicate whether the specimen that was used for the test was hemodiluted. Select **Yes**, **No**, or **Unknown** from the drop-down list of options. This is a **required** field.

**HCV NAT – Hemodilution:** Select the result of the test. If a test has been run but results have not been received, select **Pending**. If it is not known if a test has been run, select **Not Done**. If the results from an infectious disease test were inconclusive or equivocal, select **Indeterminate**. Only Positive and Negative values cascade to the TIEDI DDR record. This field is used for screening.

**Positive**  
**Negative**  
**Not Done**  
**Indeterminate**  
**Pending**

**Anti-HIV I/II:** (Human Immunodeficiency Virus) Indicate whether the specimen that was used for the test was hemodiluted. Select **Yes**, **No**, or **Unknown** from the drop-down list of options. This is a **required** field.

**Anti-HIV I/II – Hemodilution:** Select the result of the test. If a test has been run but results have not been received, select **Pending**. If it is not known if a test has been run, select **Not Done**. If the results from an infectious disease test were inconclusive or equivocal, select **Indeterminate**. Only Positive and Negative values cascade to the TIEDI DDR record. This field is used for screening.

**Positive**  
**Negative**  
**Not Done**  
**Indeterminate**  
**Pending**

**HIV Ag/Ab Combo:** Indicate whether the specimen that was used for the test was hemodiluted. Select **Yes**, **No**, or **Unknown** from the drop-down list of options. This is a **required** field.

**HIV Ag/Ab Combo – Hemodilution:** Select the result of the test. If a test has been run but results have not been received, select **Pending**. If it is not known if a test has been run, select **Not Done**. If the results from an infectious disease test were inconclusive or equivocal, select **Indeterminate**. Only Positive and Negative values cascade to the TIEDI DDR record. This field is used for screening.

**Positive**  
**Negative**  
**Not Done**  
**Indeterminate**  
**Pending**

**HIV NAT:** (Human Immunodeficiency Virus Nucleic Acid Testing) Indicate whether the specimen that was used for the test was hemodiluted. Select **Yes**, **No**, or **Unknown** from the drop-down list of options. This is a **required** field.

**HIV NAT – Hemodilution:** Select the result of the test. If a test has been run but results have not been received, select **Pending**. If it is not known if a test has been run, select **Not Done**. If the results from an infectious disease test were inconclusive or equivocal, select **Indeterminate**. Only Positive and Negative values cascade to the TIEDI DDR record. This field is used for screening.

**Positive**  
**Negative**  
**Not Done**  
**Indeterminate**  
**Pending**

**Anti-HTLV I/II:** (Human T-cell Lymphotropic (or Leukemia) Virus) Indicate whether the specimen that was used for the test was hemodiluted. Select **Yes**, **No**, or **Unknown** from the drop-down list of options.

**Anti-HTLV I/II – Hemodilution:** Select the result of the test. If a test has been run but results have not been received, select **Pending**. If it is not known if a test has been run, select **Not Done**. If the results from an infectious disease test were inconclusive or equivocal, select **Indeterminate**. Only Positive and Negative values cascade to the TIEDI DDR record. This field is used for screening.

**Positive**  
**Negative**  
**Not Done**  
**Indeterminate**  
**Pending**

**HTLV NAT:** (Human T-cell Lymphotropic (or Leukemia) Virus Nucleic Acid Testing) Indicate whether the specimen that was used for the test was hemodiluted. Select **Yes**, **No**, or **Unknown** from the drop-down list of options.

**HTLV NAT – Hemodilution:** Select the result of the test. If a test has been run but results have not been received, select **Pending**. If it is not known if a test has been run, select **Not Done**. If the results from an infectious disease test were inconclusive or equivocal, select **Indeterminate**. Only Positive and Negative values cascade to the TIEDI DDR record. This field is used for screening.

**Positive**  
**Negative**  
**Not Done**  
**Indeterminate**  
**Pending**

**Anti-CMV:** (Cytomegalovirus) Indicate whether the specimen that was used for the test was hemodiluted. Select **Yes**, **No**, or **Unknown** from the drop-down list of options. This is a **required** field.

**Anti-CMV – Hemodilution:** Select the result of the test. If a test has been run but results have not been received, select **Pending**. If it is not known if a test has been run, select **Not Done**. If the results from an infectious disease test were inconclusive or equivocal, select **Indeterminate**. Only Positive and Negative values cascade to the TIEDI DDR record. This field is used for screening.

**Positive**  
**Negative**  
**Not Done**  
**Indeterminate**

**Pending**

**Syphilis:** Indicate whether the specimen that was used for the test was hemodiluted. Select **Yes**, **No**, or **Unknown** from the drop-down list of options.

**Syphilis – Hemodilution:** Select the result of the test. If a test has been run but results have not been received, select **Pending**. If it is not known if a test has been run, select **Not Done**. If the results from an infectious disease test were inconclusive or equivocal, select **Indeterminate**. Only Positive and Negative values cascade to the TIEDI DDR record. This field is used for screening.

**Positive**  
**Negative**  
**Not Done**  
**Indeterminate**  
**Pending**

**EBV (VCA) (IgG):** (Epstein-Barr Virus/Viral Capsid Antigen) Indicate whether the specimen that was used for the test was hemodiluted. Select **Yes**, **No**, or **Unknown** from the drop-down list of options.

**EBV (VCA) (IgG) – Hemodilution:** Select the result of the test. If a test has been run but results have not been received, select **Pending**. If it is not known if a test has been run, select **Not Done**. If the results from an infectious disease test were inconclusive or equivocal, select **Indeterminate**. Only Positive and Negative values cascade to the TIEDI DDR record. This field is used for screening.

**Positive**  
**Negative**  
**Not Done**  
**Indeterminate**  
**Pending**

**Note:** A titer level of <1:10 is considered Negative.

**EBV (VCA) (IgM):** (Epstein-Barr Virus/Viral Capsid Antigen) Indicate whether the specimen that was used for the test was hemodiluted. Select **Yes**, **No**, or **Unknown** from the drop-down list of options.

**EBV (VCA) (IgM) – Hemodilution:** Select the result of the test. If a test has been run but results have not been received, select **Pending**. If it is not known if a test has been run, select **Not Done**. If the results from an infectious disease test were inconclusive or equivocal, select **Indeterminate**. Only Positive and Negative values cascade to the TIEDI DDR record. This field is used for screening.

**Positive**  
**Negative**  
**Not Done**  
**Indeterminate**  
**Pending**

**Note:** A titer level of <1:10 is considered Negative.

**EBNA:** (Epstein-Barr Virus) Indicate whether the specimen that was used for the test was hemodiluted. Select **Yes**, **No**, or **Unknown** from the drop-down list of options.

**EBNA – Hemodilution:** Select the result of the test. If a test has been run but results have not been received, select **Pending**. If it is not known if a test has been run, select **Not Done**. If the results from an infectious disease test were inconclusive or equivocal, select **Indeterminate**. Only Positive and Negative values cascade to the TIEDI DDR record. This field is used for screening.

**Positive**  
**Negative**  
**Not Done**  
**Indeterminate**  
**Pending**

**Note:** A titer level of <1:10 is considered Negative.

**Toxoplasma (IgG):** Indicate whether the specimen that was used for the test was hemodiluted. Select **Yes**, **No**, or **Unknown** from the drop-down list of options.

**Toxoplasma (IgG) – Hemodilution:** Select the result of the test. If a test has been run but results have not been received, select **Pending**. If it is not known if a test has been run, select **Not Done**. If the results from an infectious disease test were inconclusive or equivocal, select **Indeterminate**. Only Positive and Negative values cascade to the TIEDI DDR record. This field is used for screening.

Screening for toxoplasma is a way to increase transplant recipient safety by potentially decreasing the number of unexpected transmissions of toxoplasma gondii.

**Positive**  
**Negative**  
**Not Done**  
**Indeterminate**  
**Pending**

**T. cruzi Ab Screen:** Indicate whether the specimen that was used for the test was hemodiluted. Select **Yes**, **No**, or **Unknown** from the drop-down list of options.

**T. cruzi Ab Screen – Hemodilution:** Select the result of the test. If a test has been run but results have not been received, select **Pending**. If it is not known if a test has been run, select **Not Done**. If the results from an infectious disease test were inconclusive or equivocal, select **Indeterminate**. Only Positive and Negative values cascade to the TIEDI DDR record. This field is used for screening.

**Positive**  
**Negative**  
**Not Done**  
**Indeterminate**  
**Pending**

**West Nile:** Indicate whether the specimen that was used for the test was hemodiluted. Select **Yes**, **No**, or **Unknown** from the drop-down list of options.

**West Nile – Hemodilution:** Select the result of the test. If a test has been run but results have not been received, select **Pending**. If it is not known if a test has been run, select **Not Done**. If the results from an infectious disease test were inconclusive or equivocal, select **Indeterminate**. Only Positive and Negative values cascade to the TIEDI DDR record. This field is used for screening.

**Positive**  
**Negative**  
**Not Done**  
**Indeterminate**  
**Pending**

**West Nile NAT:** Indicate whether the specimen that was used for the test was hemodiluted. Select **Yes**, **No**, or **Unknown** from the drop-down list of options.

**West Nile NAT – Hemodilution:** Select the result of the test. If a test has been run but results have not been received, select **Pending**. If it is not known if a test has been run, select **Not Done**. If the results from an infectious disease test were inconclusive or equivocal, select **Indeterminate**. Only Positive and Negative values cascade to the TIEDI DDR record. This field is used for screening.

**Positive**  
**Negative**  
**Not Done**  
**Indeterminate**  
**Pending**

**Strongyloides Ab:** Indicate whether the specimen that was used for the test was hemodiluted. Select **Yes**, **No**, or **Unknown** from the drop-down list of options.

**Strongyloides Ab– Hemodilution:** Select the result of the test. If a test has been run but results have not been received, select **Pending**. If it is not known if a test has been run, select **Not Done**. If the results from an infectious disease test were inconclusive or equivocal, select **Indeterminate**. Only Positive and Negative values cascade to the TIEDI DDR record. This field is used for screening.

**Positive**  
**Negative**  
**Not Done**  
**Indeterminate**  
**Pending**

### ***Other Infectious Diseases***

OPOs can record whether testing was performed on the donor and have the ability to report more than one test result. Entering this information is not mandatory.

**Was COVID-19 (SARS-CoV-2) testing performed on the donor?:** Indicate whether COVID-19 testing was performed on the donor. Select **Yes**, **No**, or **Unknown** from the choices. If “Yes” is chosen, additional data collection fields display. This is a **required** field.

**Specimen Date:** Enter the date (MM/DD/YYYY) the test was performed. A calendar link is available.

**Specimen Time:** Enter the time (HH:MM) the test was performed.

**Specimen Type:** Select the type of specimen from the drop-down list of options. Note: For specimens only, an indication of whether the specimen was hemodiluted.

**Upper Respiratory** (e.g. (NP) nasopharyngeal swab)

Examples include: Nasopharyngeal (NP) swab, nasopharyngeal wash/aspirate, nasal wash/aspirate, oropharyngeal (OP) swab.

**Lower Respiratory** (e.g. tracheal aspirate, (BAL) bronchoalveolar lavage)

Examples include: Bronchoalveolar lavage (BAL), lower respiratory tract aspirate/wash, sputum, tracheal aspirate.

**Blood**

Examples include: Plasma, serum, whole blood.

**Other, specify**

**Hemodiluted Specimen:** If the specimen type is “blood”, then indicate whether the specimen that was used for the test was hemodiluted. Select **Yes**, **No**, or **Unknown** from the drop-down list of options. If the specimen type is not blood, then leave blank.

**Test Method:** Select the test method from the drop-down list of options.

**Nucleic acid detection (e.g. real time RT-PCR)**

**Antibody (e.g. IgG/IgM/IgA)**

**Antigen**

**Other, specify**

**Result:** Select the result of the test from the drop-down list of options. If a test has been run but results have not been received, select **Pending**. If the results from an infectious disease test were inconclusive or equivocal, select **Indeterminate**.

**Note:** OPO users: Please be sure to include in your process steps to update with the final result. The result must be updated in DonorNet because the COVID-19 test data collection is not available on the TIEDI® DDR. Similar to culture reporting, the new COVID-19 test section will remain editable after Donor Organ Disposition (feedback) is complete.

**Positive**

**Negative**

**Indeterminate**

**Pending**

**Comments:** Enter documentation of other pertinent information regarding the test, such as when pending results are expected back. This field is optional.

**Was T. cruzi (Chagas) Ab diagnostic testing performed on the donor?:** Indicate whether T.cruzi (Chagas) Ab diagnostic testing was performed on the donor. Select **Yes**, **No**, or

**Unknown** from the choices. If “Yes” is chosen, additional data collection fields display. If the donor’s birth place is unknown, testing is not required by policy.

**Specimen Date:** Enter the date (MM/DD/YYYY) the test was performed.

**Specimen Time:** Enter the time (HH:MM) the test was performed.

**Specimen Type:** Select the type of specimen from the drop-down list of options.

Serum  
Whole Blood  
Plasma

**Hemodiluted Specimen:** If the specimen type is “blood”, then indicate whether the specimen that was used for the test was hemodiluted. Select **Yes**, **No**, or **Unknown** from the drop-down list of options. If the specimen type is not blood, then leave blank.

**Test Method:** Select the test method from the drop-down list of options.

Antibody (IgG/IgM/IgA)  
Other, specify

**Result:** Select the result of the test from the drop-down list of options.

Positive  
Negative  
Indeterminate  
Pending

**Comments:** Enter documentation of other pertinent information regarding the test, such as when pending results are expected back.

## Tests

### *Add New Tests*

**Test Type:** Select the test type.

Angiography  
Bronchoscopy  
Cardiac catheterization  
Chest x-ray  
CT/MRI  
Echocardiograms  
EKGs  
Right heart catheterization  
Ultrasounds  
Other, specify

**Specify:** Enter the type of test.

**Test status:** Report the test status. This field is **required** for all selected diagnostic testing.

**Complete:** Select if test is complete and results are available.

**Pending:** Select if awaiting test results.

**Unable to be completed:** Select if test is unable to be completed for any reason.

**Reason(s):** Indicate the reason(s) the diagnostic test is unable to be completed. If the response to the 'Test status' field is 'unable to be completed', this field is **required**.

**Capacity/workflow issue:** Select if unable to complete test due to staffing/personnel resource limitations.

**Proxy refusal:** Select if unable to complete test due to donor family timeframe or authorization challenges

**Expertise issue:** Select if unable to complete test due to lack of available trained staff.

**Equipment issue:** Select if unable to complete test due to lack of equipment.

**Donor instability:** Select if unable to complete test due to donor instability.

**Other, specify**

**Reason(s) – Specify:** Enter other reason test is unable to be completed.

**Test Date:** Enter the date the test (MM/DD/YYYY) was administered. A calendar link is available. If the response to the 'Test status' field is either 'complete' or 'pending', this field is **required**.

**Test Time:** Enter the time (HH:MM) the test was administered. If the response to the 'Test status' field is either 'complete' or 'pending', this field is **required**.

**Diagnostic evaluation/comments:** Enter any comments concerning the diagnostic evaluation.

**Attach medical image:** Indicate if a medical image is to be attached.

Yes  
No

**Attachment Description:** Enter a brief description of the medical image.

**Attachment File:** Enter the file name of the image. You may also use the Browse feature.

**Study Date:** The date and time of the study displays. Studies may be referred to as any of the following:

- DICOM Image
- Imaging Study
- Echo, CT Scan, X-Ray, Ultra-Sound, etc.

## Attachments

**Attachment Description:** Enter a description of the attached file.

**Attachment File:** File name.

**Attachment Category:** Select attachment category.

## Cross Match & HLA

**Class I:** These are **required** fields.

Select the donor's histocompatibility antigens (**A, B, Bw4, Bw6, and C**). If the second antigen at a locus is blank, either leave blank or select **No second antigen detected**. **Null allele** should only be selected if the lab performing the HLA testing reported a null allele at that locus. This data copies over to the TIEDI DHS record.

**Class II:** These are **required** fields.

Select the donor's histocompatibility antigens (**DR, DR51, DR52, DR53, DQB1, DQA1, DPB1, and DPA1**). If the second antigen at a locus is blank, either leave blank or select **No second antigen detected**. **Null allele** should only be selected if the lab performing the HLA testing reported a null allele at that locus. This data copies over to the TIEDI DHS record.

### Crossmatch

**Is there time for a preliminary crossmatch?:** Indicate if there is time for a preliminary crossmatch. This field defaults to yes. This is a **required** field.

Yes  
No

## Organ Data

### Donor Information

**Warm ischemic time (minutes):** Enter the warm ischemic time in minutes. Warm ischemic time must be between 0 and 180 minutes.

**Core cooling flush used?:**

Yes  
No

**Abdominal aorta flush time (in situ):** Enter the date (MM/DD/YYYY) and time (HH:MM).

**Portal vein flush time (in situ):** Enter the date (MM/DD/YYYY) and time (HH:MM).

**Thoracic aorta flush time (in situ):** Enter the date (MM/DD/YYYY) and time (HH:MM).

**Pulmonary artery flush time (in situ):** Enter the date (MM/DD/YYYY) and time (HH:MM).

### Left Kidney

**Left kidney biopsy:** Indicate if a biopsy was performed on the left kidney. Only a 'Yes' value copies over to the TIEDI DDR record.

**Yes**  
**No**

**% Glomerulosclerosis:** Enter the value for the left kidney. This data copies over to the TIEDI DDR record.

Range: 0–99

**Biopsy type:** Select the biopsy type for the left kidney from the drop-down list.

**Needle**  
**Wedge**

**Number of Glomeruli:** Enter the count.

Range: 0–300

**Left Kidney Pump Values:**

**Pump Date:** Enter the date (MM/DD/YYYY) the left kidney pump values were obtained. A calendar link is available.

**Pump Time:** Enter the time (HH:MM) the left kidney pump values were obtained.

**Note:** Time should be in 24-hour format.

**Flow (cc/min):** Enter the flow value for the left kidney pump in cc/min.

**Pressure (mmHg) – Systolic:** Enter the systolic pressure value for the left kidney pump in mmHg.

Range: 0–300

**Pressure (mmHg) – Diastolic:** Enter the diastolic pressure value for the left kidney pump in mmHg.

Range: 0–200

**Resistance:** Enter the resistance value for the left kidney pump.

**Left kidney pump device:** Select the left kidney pump device. If **Other, specify** is selected, enter the device type in the space provided.

**ORS: LifePort**  
**Waters: RM3**  
**Waters: Waves**  
**Other specify**

**Left kidney pump solution:** Select the left kidney pump solution. If **Other, specify** is selected, enter the solution in the space provided.

**Belzer**  
**Silica gel**  
**Other specify**

**Tissue preparation technique:** This field is **required**.

Frozen section  
FPPE section  
Unknown

**Number of globally sclerotic glomeruli:** Enter in the number of visualized globally sclerotic glomeruli. The number must fall between 0–300. If unavailable, select the reason from the status (ST) drop-down list (N/A, Not Done, Missing, Unknown).

**Nodular mesangial glomerulosclerosis:**

Absent  
Present  
Unknown

**Interstitial fibrosis/tubular atrophy (IFTA):** Enter the amount of interstitial fibrosis/tubular atrophy (IFTA).

≤5%  
6-25%  
26-50%  
>50%  
Unknown

**Vascular disease (% luminal narrowing):** Select the amount of vascular disease.

None (<10%)  
Mild (10-25%)  
Moderate (26-50%)  
Severe (>50%)  
Unknown

**Arteriolar hyalinosis:** This field is **required**.

None  
Mild to moderate (1 arteriole)  
Moderate to severe (>1 arteriole)  
Severe – multiple or circumferential  
Unknown

**Cortical necrosis:** This field is **required**.

Present  
Absent  
Unknown

**% Cortical necrosis:** If cortical necrosis is present, indicate the % cortical necrosis. This field is **required**.

**Fibrin thrombi:** This field is **required**.

**Present**  
**Absent**  
**Unknown**

**% Fibrin thrombi:** If fibrin thrombi are present, indicate the % fibrin thrombi. This field is required.

**Left kidney comments:** Enter any comments concerning the kidney.

### ***Right Kidney***

**Right kidney biopsy:** Indicate if a biopsy was performed on the right kidney. Only a Yes value copies over to the TIEDI DDR record.

**Yes**  
**No**

**% Glomerulosclerosis:** Enter the value for the right kidney. This data copies over to the TIEDI DDR record.

Range: 0–99

**Biopsy type:** Select the biopsy type for the right kidney from the drop-down list.

**Needle**  
**Wedge**

**Number of Glomeruli:** Enter the count.

Range: 0–300

### **Right Kidney Pump Values:**

**Pump Date:** Enter the date (MM/DD/YYYY) the right kidney pump values were obtained. A calendar link is available.

**Pump Time:** Enter the time (HH:MM) the right kidney pump values were obtained.

**Note:** Time should be in 24-hour format.

**Flow (cc/min):** Enter the flow value for the right kidney pump in cc/min.

**Pressure (mmHg) – Systolic:** Enter the systolic pressure value for the right kidney pump in mmHg.

Range: 0–300

**Pressure (mmHg) – Diastolic:** Enter the diastolic pressure value for the right kidney pump in mmHg.

Range: 0–200

**Resistance:** Enter the resistance value for the right kidney pump.

**Right kidney pump device:** Select the right kidney pump device. If **Other, specify** is selected, enter the device type in the space provided.

ORS: LifePort  
Waters: RM3  
Waters: Waves  
Other, specify

**Right kidney pump solution:** Select the right kidney pump solution. If **Other, specify** is selected, enter the solution in the space provided.

Belzer  
Silica gel  
Other, specify

**Tissue preparation technique:** This field is **required**.

Frozen section  
FPPE section  
Unknown

**Number of globally sclerotic glomeruli:** Enter in the number of visualized globally sclerotic glomeruli. The number must fall between 0–300. If unavailable, select the reason from the status (**ST**) drop-down list (**N/A, Not Done, Missing, Unknown**).

**Nodular mesangial glomerulosclerosis:**

Absent  
Present  
Unknown

**Interstitial fibrosis/tubular atrophy (IFTA):** Enter the amount of interstitial fibrosis/tubular atrophy (IFTA).

≤5%  
6-25%  
26-50%  
>50%  
Unknown

**Vascular disease (% luminal narrowing):** Enter the amount of vascular change.hya

None (<10%)  
Mild (10-25%)  
Moderate (26-50%)  
Severe (>50%)  
Unknown

**Arteriolar hyalinosis:** This field is **required**.

None  
Mild to moderate (1 arteriole)

**Moderate to severe (>1 arteriole)**  
**Severe – multiple or circumferential**  
**Unknown**

**Cortical necrosis:** This field is **required**.

**Present**  
**Absent**  
**Unknown**

**% Cortical necrosis:** If cortical necrosis is present, indicate the % cortical necrosis. This field is **required**.

**Fibrin thrombi:** This field is **required**.

**Present**  
**Absent**  
**Unknown**

**% Fibrin thrombi:** If fibrin thrombi are present, indicate the % fibrin thrombi. This field is **required**.

**Right kidney comments:** Enter any comments concerning the kidney.

### ***Pancreas***

**Pancreas comments:** Enter any comments concerning the pancreas.

### ***Liver***

**Liver Biopsy:** If a biopsy was performed to evaluate organ histology for assessing organ function/quality of the liver, select **Yes**. If no biopsy was performed, select **No**. If a biopsy was performed only for other reasons, for example to evaluate a potentially cancerous lesion, select **No**. Only a Yes value copies over to the TIEDI DDR record.

**Yes**  
**No**

**Macrosteatosis %:** If Yes is selected for Liver Biopsy, enter the percentage of macrosteatosis. The value must be between 0 and 100. This is not a required field, but should be used if liver biopsy is available at the time of offer as this will assist in screening criteria. This data field will cascade to the DDR for the appropriate data collection field. The data reported for Macrosteatosis % in DonorNet will cascade to the DDR form field.

**Liver Biopsy comments:** Enter any comments concerning the biopsy. This field is **required**.

**Liver comments:** Enter any comments concerning the liver.

### ***Intestine***

**Intestine comments:** Enter any comments concerning the liver/intestine.

### ***Heart***

**LV ejection fraction (%):** Enter the left ventricular ejection fraction value (%). This data copies over to the TIEDI DDR record. This is a **required** field.

Definition: The ratio of the volume of blood the heart empties during systole to the volume of blood in the heart at the end of diastole expressed as a percentage usually between 50 and 80 percent.

Range: 1–99

**Method:** Select the type of left ventricular ejection method from the drop-down list. This data copies over to the TIEDI DDR record.

**Echo  
MUGA  
Angiogram**

**Note:** If no LV ejection fraction value is available, OPOs will be permitted to enter Shortening Fraction instead in order to send heart and heart-lung electronic organ offers from pediatric donors (under the age of 18).

**Shortening fraction (SF):** Enter value (%).

Range: 0–50

**Note:** If no LV ejection fraction value is available, OPOs will be permitted to enter Shortening Fraction instead in order to send heart and heart-lung electronic organ offers from pediatric donors (under the age of 18).

**Septal wall thickness (cm):** Enter the Septal wall thickness in cm.

Range: 0.1–3.5 cm.

**LV posterior wall thickness (cm):** Enter the LV posterior wall thickness in cm.

Range: 0.1–3.5 cm.

**Heart comments:** Heart comments: Enter any comments concerning the heart.

### ***Lungs***

**Date intubated:** Enter the date of intubation. A calendar link is available.

Format: MM/DD/YYYY

**Time intubated:** Enter the time of intubation.

Format: HH:MM

**Note:** Time should be in 24-hour format

**Lungs Measurements:**

**Length of left lung (cm):** Enter the length of the left lung in cm.

Range: 0–200 cm.

**Length of right lung (cm):** Enter the length of the right lung in cm.

Range: 0–200 cm.

**Aortic knob width (cm):** Enter the width of the aortic knob in cm.

Range: 0–200 cm.

**Diaphragm width (cm):** Enter the width of the diaphragm in cm.

Range: 0–200 cm.

**Chest circ. / landmark (cm):** Enter the Chest circumference / landmark in cm.

Range: 0–999 cm.

**Dist. RCPA to LCPA (cm):** Enter the distance RCPA to LCPA in cm.

Range: 0–999 cm.

**Predicted total lung capacity (pTLC) (L):** This field is display only.

**Chest X-ray:** Indicate whether abnormalities were found on the chest x-ray. This data (excluding No chest x-ray, Results Unknown, and Unknown if chest x-ray performed) copies over to the TIEDI DDR record.

No chest x-ray  
Normal  
Abnormal-left  
Abnormal-right  
Abnormal-both  
Results Unknown  
Unknown if chest x-ray performed

**Left lung comments:** Enter any comments concerning the left lung.

**Right lung comments:** Enter any comments concerning the right lung.

**VCA organs comments:** Enter any comments concerning VCA organs.

**Public Burden Statement:** The private, non-profit Organ Procurement and Transplantation Network (OPTN) collects this information in order to perform the following OPTN functions: to assess whether applicants meet OPTN Bylaw requirements for membership in the OPTN; and to monitor compliance of member 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 and it is valid until XX/XX/202X. This information collection is required to obtain or retain a benefit per 42 CFR §121.11(b)(2). All data collected will be subject to Privacy Act protection (Privacy Act System of Records #09-15-0055). Data collected by the private non-profit OPTN also are well protected by a number of the Contractor's security features. The Contractor's security system meets or exceeds the requirements as prescribed by OMB Circular A-130, Appendix III, Security of Federal Automated Information Systems, and the Departments Automated Information Systems Security Program Handbook. The public reporting burden for this collection of information is estimated to average 0.29 hours per response, including the time for reviewing instructions, searching existing data sources, and completing 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 14N39, Rockville, Maryland, 20857 or [paperwork@hrsa.gov](mailto:paperwork@hrsa.gov).