Deceased Donor Registration

Deceased Donor Registration (DDR) records are generated and available as soon as the donor organ disposition process (Donor Feedback) is completed in DonorNet®. The Deceased Donor Registration record is to be completed only for deceased donors from who at least one organ has been recovered for purposes of transplantation.

An **authorized but not recovered** donor is one in which authorization was obtained but the organs were not recovered for transplantation.

Organ recovery teams may only recover organs that they have received authorization to recover. An authorized organ should be recovered if it is transplantable or a transplant recipient is identified for the organ. If an authorized organ is not recovered, the host OPO must document the specific reason for non-recovery. This policy does not apply to VCA transplants.

A **recovered** organ donor refers to situations where authorization was obtained and at least one organ was recovered for the purpose of transplantation.

The DDR record must be completed within 60 days from the record generation date. See OPTN Policies for additional information. Use the search feature to locate specific policy information on Data Submission Requirements.

Donor Information

The donor's ID # will be displayed at the top of this section.

OPO: Verify the OPO name, code and Medicare provider number of the OPO responsible for the management of the donor.

Donor Hospital: Verify the hospital name and the Medicare provider number of the hospital that originally referred the donor. If this information is incorrect, you may make modifications in the donor record in DonorNet® . The information will then be updated in the DDR record. A list of Medicare provider numbers for your state can be obtained in the Donor Hospitals section of DonorNet®.

Referral Date: Enter the date of the initial donor referral call to the OPO. Use the standard 8-digit numeric format of MM/DD/YYYY. This field is **required**.

Recovered Outside the U.S.: If the organs were recovered outside of the United States, select **Yes**. If the organs were not recovered outside of the United States, select **No**. This field is **required**.

> If **Yes** is selected, select the name of the **Country**, from the drop-down list, where the organs were recovered.

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.

> ***Note:*** If the donor identity is unknown, enter the hospital-generated alias.

DOB: Enter the date the donor was born using the standard 8-digit numeric format of MM/DD/YYYY.

Age: Enter the donor's age in **Years** or **Months**.

Birth Sex: Report donor sex (**Male** or **Female**), based on biologic and physiologic traits at birth. If sex at birth is unknown, report sex at time of donation as reported by donor or documented in

medical record. The intent of this data collection field is to capture physiologic characteristics that may have an impact on recipient size matching or graft outcome. This field is **required**.

Home City: Enter the name of the city where the donor lived before hospitalization. If the donor did not live in the United States before hospitalization, enter the city and country of the donor's residence in the space provided. If donor home city is unknown, select **Unknown**. This field is **required**.

State: If the donor lived in the United States before hospitalization, select the state from the drop-down list where the donor's home city was located. If state is unknown, select **Unknown**.

Zip Code: Enter the U.S. Postal Zip Code of the location where the donor lived before hospitalization. If zip code is unknown, select **Unknown**.

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

If the donor's birthplace is known, use the linked OPTN resource to answer this question. If the donor's birthplace is unknown, select **Unknown**. If the donor's birthplace is unknown, T. cruzi (Chagas) testing is not required by policy.

Citizenship: Select as appropriate to indicate the donor's citizenship. This field is **required**.

U.S. Citizen: A United States citizen by birth or naturalization.

Non-U.S. Citizen/U.S. Resident: A non-citizen of the United States for whom the United States is the primary place of residence.

Non-U.S. Citizen/Non-U.S. Resident: A non-citizen of the United States for whom the United States is not the primary place of residence.

Unknown: Citizenship could not be determined

Home Country: If the donor is a non-U.S. citizen/non-U.S. resident, enter the donor's Home Country from the drop-down list. This field is **required.**

Cause of Death: Select the donor's cause of death from the drop-down list. This field is **required**. If the cause of death is not listed, select **Other Specify**, and enter the cause of death in the **Specify** field. If **Other Specify** is selected, this field is **required**.

Anoxia
Cerebrovascular/Stroke
Head Trauma
CNS Tumor
Other Specify

Mechanism of Death: Select the donor's mechanism of death from the drop-down list. If the mechanism of death is not listed, select **None of the Above**. This field is **required**.

Drowning
Seizure
Drug Intoxication
Asphyxiation
Cardiovascular
Electrical
Gunshot Wound
Stab
Blunt Injury
SIDS
Intracranial Hemorrhage/Stroke
Death from Natural Causes
None of the Above

Circumstances of Death: Select the donor's circumstances of death from the drop-down list. If the circumstance of death is not listed, select **None of the Above**. This field is **required**.

MVA
Suicide
Homicide
Child-Abuse
Accident, Non-MVA
Death from Natural Causes
None of the Above

Authorization

Did the OPO notify the medical examiner/coroner?: If the donor's death was reported to the medical examiner/coroner, select **Yes**. If the donor's death was not reported to the medical examiner/coroner, select **No**. If unknown, select **Unknown**. This field is **required**.

Did the medical examiner/coroner accept the case?: Select **Yes** or **No**.

Were there any transplant restrictions? Select all that apply.

Kidney
Pancreas
Kidney/pancreas
Intestine
Liver
Heart
Lung
Heart/lung

Was the patient legally declared brain dead: If the appropriate personnel legally declared the patient as brain dead, select **Yes**. If not, select **No**. This field is **required**.

Did patient legally document decision to be a donor?: If the patient had written documentation of their intent to be a donor, select **Yes**. If not, select **No**. If unknown, select **UNK**. This field is **required**.

Was authorization obtained for organ donation?: Select **Yes** or **No**.

Method of authorization used: Select the applicable option from the dropdown list.

First person
Hierarchy

Select the reason organ donation was not obtained: Select the applicable option from the dropdown list.

Declined
Not requested

Date and time consent obtained for organ donation: Enter the date, using the standard 8-digit numeric format of MM/DD/YYYY, and military time authorization was obtained for organ donation. If authorization is based solely on first person authorization, the time of authorization entered should be the time of death.

Cardiac arrest since neurological event that led to declaration of brain death: If cardiac arrest occurred between a fatal brain injury event and organ recovery, select **Yes**. If cardiac arrest did not occur, select **No**. If No is selected for Was this a DCD donor, this field is **required**.

Duration of Resuscitation: If cardiac arrest occurred between a fatal brain injury event and organ recovery, enter the total minutes of cardiac resuscitation. If **Yes** is selected for Cardiac arrest, this field is **required**. If unavailable, select the reason from the status (**ST**) drop-down list (**N/A, Not Done, Missing, Unknown**).

Date and time of pronouncement of death (Complete for brain dead and DCD donors): Enter the date, using the standard 8-digit numeric format of MM/DD/YYYY, and military time of pronouncement of death of the donor.

Clinical Information

ABO Blood Group: The donor's blood type reported in the donor record in DonorNet displays. Verify the blood type displayed for the donor referred to your OPO.

O
A
B
AB
Z (In Utero Only)
A1
A1B
A2
A2B

Height: Enter the height of the donor in **ft** (feet) and **in** (inches) or **cm** (centimeters). This field is **required**. If the donor's height at the time of recovery is unavailable, select the reason from the status (**ST**) drop-down list (**N/A**, **Not Done**, **Missing**, **Unknown**).

Weight: Enter the first measured weight of the donor after hospital admission in **lbs** (pounds) or **kg** (kilograms). This field is **required**. If the donor's weight is unavailable, select the reason from the status (**ST**) drop-down list (**N/A**, **Not Done**, **Missing**, **Unknown**).

Terminal Lab Data

For each of the laboratory tests enter the value, in the units indicated, from tests performed during donor management and prior to the donor entering the operating room. These fields are **required**. If a lab value is unavailable, select the reason from the status (**ST**) drop-down list (**N/A**, **Missing**, **Unknown**).

Protein in Urine (Yes, No, UNK)
Serum Sodium (mEq/L)
BUN (mg/dL)
Serum Creatinine (mg/dL)
Total Bilirubin (mg/dL)
SGOT/AST (u/L)
SGPT/ALT (u/L)
INR
Hematocrit (%)
Pancreas (PA Donors Only): These fields are required for pancreas donors.
- **Serum Amylase** (u/L)
- **Serum Lipase** (u/L)
- **HbA1c (%)**

Infectious Disease Testing:

For each of the tests listed, select the results from the lists (**Cannot Disclose**, **Indeterminate/Equivocal**, **Negative**, **Not Done**, **Positive**, or **Unknown**). These fields are **required**.

HIV
HIV Antigen/Antibody
HTLV
RPR-VDRL
Anti-CMV

HBsAg
Anti-HBc
Anti-HCV
HBsAb
EBV (VCA) (IgG)
EBV (VCA) (IgM)
EBNA
T.cruzi Ab Screen
West Nile
Toxoplasma (IgG)
Strongyloides Ab
HIV NAT
HBV DNA
HCV NAT
HTLV NAT
West Nile NAT

Note: For CMV, a titer of >1:4 for the complement fixation or latex agglutination tests, a titer of >1:10 for IgG-immunofluorescence (IF) and a titer of >1:16 for IgM-IF are usually considered positive. If the test(s) are below the threshold considered positive, the result should be marked **Negative**. If testing was done, but for a rare reason, results are inconclusive, select **Indeterminate**. If testing was not done, select **Not Done**. Select **Unknown** if no results are found. If you cannot disclose the results, select **Cannot Disclose**.

Note: For Epstein-Barr Virus (**EBV (VCA) (IgG)**, **EBV (VCA) (IgM)**, and **EBNA**) serologies, a titer level of <1:10 is considered **Negative**.

Donor Management

List any medications administered within 24 hours prior to crossclamp.

If any of the listed medications were given to the donor within 24 hours prior to crossclamp, select **Yes**. If not, select **No**. If unknown, select **UNK**. You should enter as many medications as will fit in the boxes. Do NOT enter electrolytes such as KCL, KPhos etc. If a medication falls under more than one category (antihypertensives and vasodilators) select **Yes** for both categories. These fields are **required** for form validation, except for **Other/Specify**.

Steroids
Diuretics
T3
T4
Antihypertensives
Vasodilators
DDAVP (synthetically derived vasopressor (e.g. DDAVP or Desmopressin))
Heparin
Arginine Vasopressin (human or animal derived vasopressor (e.g. pitressin, vasopressin, argipressin))
Insulin

Other/Specify
Other/Specify
Other/Specify

Inotropic medications at time of cross clamp or at time of withdrawal of life-sustaining medical support: If any inotropic agents were administered at the time of cross clamp, select **Yes**. If not, select **No**. If unknown, select **UNK**.

Note: **Vasopressin and T4 are NOT inotropes.**

If **Yes** is selected, complete the following:

Medication: Select the medication from the drop-down list. If **Yes** is selected for **Inotropic Medications at Time of Cross Clamp**, this field is **required**. If the medication is not listed, select **Other, specify**. Enter the medication in the **Specify** field. If **Other, specify** is selected, this field is **required**.

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

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.

Support Therapies

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.

Clinical Infection

Clinical Infection Confirmed by Culture: If there is documented evidence of any clinical infection (of any positive cultures) during this hospitalization for the donor, select **Yes**. If there is no documented evidence of any clinical infection during this hospitalization for the donor, select **No**. If the donor's history of infection is unknown, select **UNK**. This field is **required**.

If there is documented evidence of any clinical infection during this hospitalization for the donor, select whether the **Source** was **Blood**, **Lung**, **Urine** and/or **Other, specify**. If **Yes** is selected for **Clinical Infection by Culture**, these fields are required. If **Other specify** is selected, enter the source in the space provided. If **Other specify** is selected, this field is **required**. If there are any positive cultures, the answers will be Yes.

Lifestyle Factors

Cigarette Use (>20 pack years) - Ever: If the donor has ever used cigarettes for more than 20 pack years, select **Yes**. If the donor has never used cigarettes or the usage is less than 20 pack years, select **No**. If cigarette usage is unknown, select **UNK**. This field is **required**.

Pack years refers to the number of packs of cigarettes the donor smoked per day multiplied by the number of years. For example, a donor smoking 2 packs of cigarettes per day for 10 years equals 20 pack years. Another example is 11/2 packs per day for 10 years equals 15 pack years.

AND continued in last six months: If the donor used cigarettes for more than 20 pack years **and** has continued usage within the last 6 months, select **Yes**. If the donor has not used cigarettes within the last 6 months, select **No**. If cigarette usage in the last 6 months is unknown, select **UNK**. If **Yes** is selected for **Cigarette Use**, this field is **required**.

Ever use or take drugs, such as steroids, cocaine, heroin, amphetamines, or opioids? If the donor has ever abused or had a dependency to steroids, cocaine, heroin, amphetamines, or opioids, select **Yes**. If not, select **No**. If drug use is unknown, select **UNK**.

Type of drug: Select the type of drug.

How often and how long was it used?: Select how often and how long was the drug used.

When was it last used?: Select when was the drug last used.

Route: Select the route the drug was used.

Inhaled
Needles
Ingested

Heavy Alcohol Use (heavy = 2+ drinks/day): If the donor has a history of having two or more alcoholic drinks per day, select **Yes**. If not, select **No**. If alcohol use is unknown, select **UNK**. This field is **required**.

According to the OPTN policy in effect, does the donor have risk factors for blood-borne disease transmission?: If the deceased donor meets the criteria for increased risk for HIV, Hepatitis B, and Hepatitis C transmission set forth in the current U.S. Public Health Services (PHS) Guideline, **Yes** displays. If not, **No** displays.

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 Diabetes: If the donor has a documented history of diabetes mellitus prior to this hospitalization, select **Yes** and the number of years from the drop-down list. If the duration is unknown, select **Yes, Duration Unknown**. If the donor does not have a history of diabetes, select **No**. A donor should *not* be considered as having a history of diabetes based on gestational diabetes only. If the donor's history is unknown, select **Unknown**. This field is **required**.

No
Yes, 0-5 Years
Yes, 6-10 Years
Yes, > 10 Years
Yes, Duration Unknown
Unknown

Insulin Dependent: If the donor has a history of diabetes **and** is insulin dependent, select **Yes** and the number of years from the drop-down list. If the duration is unknown, select **Yes, Duration Unknown**. If the donor is not insulin dependent, select **No**. If the donor's insulin history is unknown, select **Unknown**. If **Yes** is selected for **History of Diabetes**, this field is **required**.

No
Yes, 0-5 Years
Yes, 6-10 Years
Yes, > 10 Years
Yes, Duration Unknown
Unknown

History of Hypertension: If the donor has a documented history of hypertension prior to this hospitalization, select **Yes** and the number of years from the drop-down list. If the duration is unknown, select **Yes, Unknown Duration**. If the donor's hypertension history is unknown, select **Unknown**. This field is **required**.

No
Yes, 0-5 Years
Yes, 6-10 Years
Yes, >10 Years
Yes, Unknown Duration
Unknown

If yes, method of control: Select **Yes, No** or **UNK** (unknown) for each method of hypertension control listed. If **Yes** is selected for **History of Hypertension**, these fields are **required**.

Diet
Diuretics
Other anti-hypertensive medication

History of Cancer: If the donor has a documented history of any type of cancer prior to this hospitalization, select the primary cancer site from the drop-down list. If the donor has no documented history of any type of cancer prior to this hospitalization, select **No** from the drop-

down list. If the donor's cancer history is unknown, select **Unknown**. This field is **required**. If the primary cancer site is not listed, select **Other, Specify.** Enter the cancer site in the **Specify** field. If **Other, Specify** is selected, this field is **required**.

No
Skin - Squamous, Basal Cell
Skin - Melanoma
CNS Tumor - Astrocytoma
CNS Tumor - Glioblastoma Multiforme
CNS Tumor - Medulloblastoma
CNS Tumor - Neuroblastoma
CNS Tumor - Angioblastoma
CNS Tumor - Meningioma
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

Cancer at time of procurement: If the donor exhibited documented clinical signs of cancer at the time of recovery, select **Yes** for each of the categories listed. If the donor did not exhibit documented clinical signs of cancer at the time of recovery for any listed category, select **No**. If unknown, select **UNK**. These fields are **required**.

Intracranial: Enter which type of intracranial cancer from the following options. If the primary cancer type is not listed, select **Other, Specify.** Enter the cancer type in the **Specify** field. If **Other, Specify** is selected, this field is **required**.

Astrocytoma
Medulloblastoma
Glioblastoma Multiforme
Neuroblastoma

Meningioma
Malignant Meningioma
Benign Angioblastoma
Unknown
Other specify

Extracranial: Enter which type of extracranial cancer from the following options. If the primary cancer type is not listed, select **Other, Specify.** Enter the cancer type in the **Specify** field. If **Other, Specify** is selected, this field is **required**.

Kidney
Breast
Thyroid
Tongue/Throat/Larynx
Lung
Leukemia/Lymphoma
Liver
Unknown
Other Specify

Skin: Enter which type of skin cancer from the following options. If the primary cancer type is not listed, select **Other, Specify.** Enter the cancer type in the **Specify** field. If **Other, Specify** is selected, this field is **required.**

Squamous Cell
Basal Cell
Melanoma
Unknown
Other Specify

Chagas History: If the donor has a documented history of chagas prior to this hospitalization, select **Yes.** If the donor does not have a chagas, select **No**. If the donor's history is unknown, select **UNK**. This field is **required**.

TB History: If the donor has a documented history of TB prior to this hospitalization, select **Yes.** If the donor does not have a TB, select **No**. If the donor's history is unknown, select **UNK**. This field is **required**.

Organ Recovery

Complete the requested information for each displayed organ type listed.

Recovery Date (donor to OR): Enter the date the donor entered the operating room for the purpose of organ recovery. Use the standard 8-digit numeric format of MM/DD/YYYY. If the operation began in the evening and concluded the next day, enter the date the operation began. Modification can be made in the donor feedback if incorrect. This field is **required**.

Was this donor recovered under DCD protocol: If this donor was a DCD (Donation after Circulatory Death) donor, select **Yes**. If this donor was not a DCD donor, select **No**.
Note: **No** cannot be selected as the response if **No** was selected for **Was the patient legally**

brain dead. This field is **required**. Donation after Circulatory Death (DCD) describes the organ recovery process that may occur following death by irreversible cessation of circulatory and respiratory functions. A DCD donor may also be called a non-heartbeating, asystolic, or donation after cardiac death donor.

If Yes, Controlled DCD: If this was a DCD donor and the DCD donor was controlled, select **Yes**. If the DCD donor was not controlled, select **No**. If **Yes** is selected for **Was this donor recovered under DCD protocol**, this field is **required**.

> A **controlled DCD donor** is a donor whose life sustaining treatment will be withdrawn and whose family gave written consent for organ donation in the controlled environment. A controlled DCD donor will be defined by the Maastricht classification III [awaiting cardiac arrest; patient on intensive care unit with non-survivable injuries who have withdrawal of life sustaining treatment.]
>
> An **uncontrolled DCD donor** can be a patient who is declared dead and catheters may be placed in the vessels and/or peritoneum to cool the organs until consent/authorization can be obtained; a patient who suffers a cardiac arrest requiring CPR for rapid procurement of the organs. As with all donors, an uncontrolled DCD donor is only a donor if at least one organ is recovered for the purpose of transplantation.

Withdrawal of life-sustaining medical support: Withdrawal of support is the withdrawal of life sustaining treatments; the actual point where the patient's attending physician or designee begins the process of removing life sustaining treatments and not when the order is written. Enter the date, using the standard 8-digit format of MM/DD/YYYY format, and military time of the withdrawal of support. The date must be between the referral date and the date and time of death. If the date and time are unavailable, select the reason from the status (**ST**) drop-down list (**Missing, Unknown, N/A, Not Done**). If **Yes** is selected for **If Yes, Controlled DCD**, this field is **required**.

Cessation of circulation: Enter the date, using the standard 8-digit format of MM/DD/YYYY format, and military time of the cessation of circulation. If unavailable, select the reason from the status (**ST**) drop-down list (**Missing, Unknown, N/A, Not Done**).

Date and time agonal phase begins (systolic BP < 80 mmHg or O_2 sat. < 80% sustained): Agonal Phase begins when one of the following conditions is met and sustained for a minimum of five (5) minutes:

a. Newborn up to 28 days old, with a systolic blood pressure less than 60 mm Hg, OR
b. 29 days old up to 12 months old, with a systolic blood pressure less than 70 mm Hg, OR
c. 1 year old up to 10 years old, with a systolic blood pressure less than 70 mm Hg, plus 2 times the age of the patient in years, not to exceed 79 mm Hg, OR
d. 11 years or older, with a systolic blood pressure less than 80 mm Hg, OR when the oxygen saturation is less than 80% at any age.

Enter the date, using the standard 8-digit format of MM/DD/YYYY format, and military time when the agonal phase begins. The date and time must be up to 60 minutes prior to the date and time of withdrawal of support, but not later than the day after the recovery day. If the date and time are unavailable, select the reason from the status (**ST**) drop-down list (**Missing, Unknown, N/A, Not Done**). If **Yes** is selected for **If Yes, Controlled DCD,** this field is **required**.

Normothermic regional perfusion (NRP) recovery: If NRP was used, select **Yes**. If not, select **No**.

Initiation of NRP: Enter the date, using the standard 8-digit format of MM/DD/YYYY format, and military time of the initiation of NRP (Normothermic Regional Perfusion). If unavailable, select the reason from the status (**ST**) drop-down list (**Missing**, **Unknown**, **N/A**, **Not Done**).

Core cooling flush used: If flush was used, select **Yes**. If flush was not used, select **No**. If Yes is selected for **If Yes, Controlled**, this field is **required**.

Flush: The initiation of cold perfusion in situ.

Date and time of abdominal aorta core cooling: Enter the date and time of the initiation of abdominal aorta flush (the date and time of the initiation of cold perfusion in situ). Enter the date, using the standard 8-digit format of MM/DD/YYYY format, and military time of abdominal aorta cannulation. The value entered cannot be more than 60 minutes after the cross clamp time. If **Yes** is selected for **Was this donor recovered under DCD protocol**, this field is **required**. If unavailable, select the reason from the status (**ST**) drop-down list (**N/A, Not Done, Missing, Unknown**).

Date and time of thoracic aorta core cooling: Enter the date and time of the initiation of thoracic aorta flush (the date and time of the initiation of cold perfusion in situ). Enter the date, using the standard 8-digit format of MM/DD/YYYY format, and military time of thoracic aorta cannulation. The value entered cannot be more than 60 minutes after the cross clamp time. If **Yes** is selected for **Was this donor recovered under DCD protocol**, this field is **required**. If unavailable, select the reason from the status (**ST**) drop-down list (**N/A, Not Done, Missing, Unknown**).

Date and time of portal vein core cooling: Enter the date and time of the initiation of portal vein flush (the date and time of the initiation of cold perfusion in situ). Enter the date, using the standard 8-digit format of MM/DD/YYYY format, and military time of portal vein cannulation. The value entered cannot be more than 60 minutes after the cross clamp time. If **Yes** is selected for **Was this donor recovered under DCD protocol**, this field is **required**. If unavailable, select the reason from the status (**ST**) drop-down list (**N/A, Not Done, Missing, Unknown**).

Date and time of pulmonary artery core cooling: Enter the date and time of the initiation of pulmonary artery flush (the date and time of the initiation of cold perfusion in situ). Enter the date, using the standard 8-digit format of MM/DD/YYYY format, and military time of pulmonary artery cannulation. The value entered cannot be more than 60 minutes after the cross clamp time. If **Yes** is selected for **Was this donor recovered under DCD protocol**, this field is **required**. If unavailable, select the reason from the status (**ST**) drop-down list (**N/A, Not Done, Missing, Unknown**).

If No, Was this an authorized DCD donor that progressed to brain death?: Select **Yes** or **No**.

Clamp Date: Enter the date the aorta was cross clamped. Use the standard 8-digit numeric format of MM/DD/YYYY. This field is **required**.

Clamp Time: (Military Time): Enter the time the aorta was cross clamped. If the time the aorta was cross clamped is unavailable, select the reason from the status (**ST**) drop-down list (**N/A, Not Done, Missing, Unknown**).This field is **required**.

Clamp Time Zone: Select the time zone from the drop-down list which corresponds with the time and location of the recovery. This field is **required**.

Eastern
Central
Mountain
Pacific

Alaska
Hawaii
Atlantic

History of previous MI: If the donor had a history of myocardial infarction, select **Yes**. If the donor did not have a history of myocardial infarction, select **No**. If this information is unknown, select **UNK**. This field is **required**.

LV ejection fraction (%): Provide the left ventricular ejection fraction, if known. This should be the final measurement collected prior to the donor entering the operating room. If the left ventricular ejection fraction is unavailable, select the reason from the status (**ST**) drop-down list (**N/A, Not Done, Missing, Unknown**). This field is **required**.

Method: Select the left ventricular ejection method from the drop-down list. If a value is entered for LV ejection fraction, this field is **required**.

Echo (echocardiogram)
MUGA (multiple gated acquisition scan)
Angiogram

If LV, Ejection Fraction < 50%:

Structural Abnormalities: If there were abnormalities, select **Yes** for each of the affected locations. If there were no abnormalities at the location, select **No**. If a value is entered for LV ejection fraction, this field is **required**.

Valves
Congenital
LVH

Wall Abnormalities: If there were abnormalities, select **Yes** for each of the affected type. If there were no abnormalities of the type, select **No**. If a value is entered for LV ejection fraction, this field is **required**.

Segmental
Global

Heart machine perfusion: If there was machine used in preservation of the heart, select **Yes**. If not, select **No.** This field is **required**.

Coronary Angiogram: If the donor had a coronary angiogram, select **Yes**, **normal** or **Yes, not normal** from the list. If the donor did not have a coronary angiogram, select **No**. This field is **required**.

No
Yes, normal (no evidence of coronary artery disease)
Yes, abnormal but non-obstructive (all stenosis determined to be < 70%)
Yes, abnormal and obstructive (presence of any stenosis determined to be > 70%)

If Abnormal, # of Vessels with > 50% Stenosis: If the results of the coronary angiogram were abnormal, select the number of vessels with more than 50% stenosis from the list. If this information is unknown, select **Unknown** from the drop-down list. This field is **required**.

0
1
2
3
Unknown

ABG Results: This field is display only.

Blood pH: Enter the blood pH level for the donor.

PCO_2: Enter the PCO_2 in mmHg. If unavailable, select the reason from the status (**ST**) drop-down list (**N/A, Not Done, Missing, Unknown**). This field is **required**.

PO_2: Enter the terminal value in mmHg. If unavailable, select the reason from the status (**ST**) drop-down list (**N/A, Not Done, Missing, Unknown**. This field is **required**.

PEEP: Enter the PEEP value in mmHg performed closest to the time of recovery. If unavailable, select the reason from the status (**ST**) drop-down list (**N/A, Not Done, Missing, Unknown**).

FiO_2: Enter the terminal percent (i.e. 40%) of FiO_2. If unavailable, select the reason from the status (**ST**) drop-down list (**N/A, Not Done, Missing, Unknown**). This field is **required**.

Ventilator mode: closest to the time of recovery: Select the appropriate option.

A/C
CMV
SIMV
PRVC
APRV
HFOV
Other, specify

If **Other Specify** is selected, enter the specific ventilator mode in the Specify field.

Were advanced hemodynamic parameter data obtained?:

Yes
No

Method: If yes, indicate the method (**pulmonary artery catheter**, **minimally invasive monitoring**) and report one set of measurements.

Was a pulmonary artery catheter placed: If a pulmonary artery catheter was in place or placed during donor management, select **Yes**. If not, select **No**. This field is **required**.

If Yes, Initial (baseline) and Final-Preoperative measurements: If a pulmonary artery catheter was in place or placed during donor management, enter the Initial (baseline) and Final (preoperative) measurements for the following fields. For pulmonary artery catheters in place prior to donor management, the Initial (baseline) measurements would be the first measurements once donor management has commenced. All values should be entered from the same reading. For example, if there is no PCWP - do not enter the PCWP from another reading. If **Yes** is selected for Was a pulmonary artery catheter placed, these fields are required. If unavailable, select the reason from the status (**ST**) drop-down list (**N/A, Not Done, Missing, Unknown**). If the pulmonary artery catheter was removed before donor management began or when donor management started, then the OPO does not need to supply measurements.

MAP: (mmHg) (Mean arterial pressure)
CVP: (mmHg) (Central Venous Pressure)
PCWP: (mmHg) (Pulmonary Capillary Wedge Pressure)
SVR: ((dynes/sec/cm)^5) (Systemic Vascular Resistance)
PA Systolic: (mmHg) (Pulmonary Artery Pressure Systolic)

PA Diastolic: (mmHg) (Pulmonary Artery Pressure Diastolic)
CO: (L/min) (Cardiac Output)
Cardiac Index: (L/min/sq. m)

Left Kidney Biopsy: If a biopsy was performed to evaluate organ histology for assessing organ function/quality of the left kidney, select **Yes**. And If there was more than one biopsy, enter the results from the final biopsy result. 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. This is a **required** field if the left kidney (or en bloc kidneys) was recovered or transplanted.

Biopsy type: The method by which tissue is removed from the patient for diagnostic examination. If a biopsy was performed, select the type of biopsy performed:

Wedge
Core needle

Tissue preparation technique: The method by which biopsy material is prepared for histologic examination. This field is **required**.

Frozen section
FPPE section
Unknown

Interstitial fibrosis and tubular atrophy (IFTA): Interstitial fibrosis is the accumulation of fibrous tissue between the tubules. Tubular atrophy is the shrinkage of tubules with variable thickening of the tubular basement membrane and flattening of the tubular epithelium. Once the type of biopsy performed is selected, enter the amount of interstitial fibrosis/tubular atrophy (IFTA):

≤5%
6-25%
26-50%
>50%
Unknown

Vascular disease (percent luminal narrowing of the most severely involved vessel): Vascular disease is fibrous thickening of the intima of arteries, measured by the percent luminal narrowing (the reduction in diameter of vessel lumens) of the most severely involved vessel. Once the type of biopsy performed is selected, enter the amount of vascular change:

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

Number of globally sclerotic glomeruli: The number of glomeruli exhibiting global (complete) collapse of glomerular capillary walls and consolidation of the glomerular tuft by extracellular matrix, causing capillary luminal obliteration. If the number of the glomeruli was not entered in DonorNet® previously, enter in the number visualized. 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**).

Number of glomeruli: The total of all glomerular capillary tufts in the sample, including sclerotic and non-sclerotic tufts. If the number of the glomeruli was not entered in DonorNet® previously, enter in the number visualized. If unavailable, select the reason from the status (ST) drop-down list **(N/A, Not Done, Missing, Unknown)**.

% Globally sclerotic glomeruli: The percentage of glomeruli exhibiting global (complete) collapse of glomerular capillary walls and consolidation of the glomerular tuft by extracellular matrix, causing capillary luminal obliteration. Select the glomerulosclerosis percentage for the left kidney.

0–5
6–10
11–15
16–20
20+
Indeterminate

Nodular mesangial glomerulosclerosis: Rounded accumulation of collagenous matrix expanding one or more mesangial areas.

Absent
Present
Unknown

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

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

Cortical necrosis: Deaths of cortical cells, typically affecting all three tissue compartments. This field is **required**.

Present
Absent
Unknown

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

% Cortical necrosis//Status: If % Cortical necrosis is unavailable, select the reason from the status drop down list. This field is **required**.

Missing
Unknown

N/A
Not done

Fibrin thrombi: Capillary lumen aggregate of coagulated blood containing fibrin and platelets, with or without entrapped cellular elements. This field is **required**.

Present
Absent
Unknown

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

% Fibrin thrombi//Status: If % Fibrin thrombi is unavailable, select the reason from the status drop down list. This field is **required**.

Missing
Unknown
N/A
Not done

Pump: If a pump was used in preservation of the left kidney, select **Yes**. If not, select **No**. If the left kidney (or en bloc kidneys) was recovered or transplanted, this field is **required**.

Type of Left Kidney Pump/Machine: Enter the type of pump/machine used to perfuse the left kidney

ORS: LifePort
Waters: RM3
Waters: Waves
Other specify

If other specify is selected, provide the type of left kidney pump/machine in the text field.

Final Resistance Prior to Shipping: If Yes is selected for Pump, enter the resistance value. If Yes is selected for Pump, this field is **required**. If data is unavailable, select the reason from the status (**ST**) drop-down list (**N/A, Not Done, Missing, Unknown**).

Transferred to transplant center on pump: If pump was used in preservation of the left kidney and the organ was transferred to the transplant center on pump, select Yes. If not, select **No**. If Yes is selected for **Pump**, this field is **required**.

Right Kidney Biopsy: If a biopsy was performed to evaluate organ histology for assessing organ function/quality of the right kidney, select **Yes**. And If there was more than one biopsy, enter the results from the final biopsy result. 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. This is a **required** field if the right kidney (or en bloc kidneys) was recovered or transplanted.

Biopsy type: The method by which tissue is removed from the patient for diagnostic examination. If a biopsy was performed, select the type of biopsy performed:

Wedge
Core needle

Tissue preparation technique: The method by which biopsy material is prepared for histologic examination. This field is **required**.

Frozen section
FPPE section
Unknown

Interstitial fibrosis and tubular atrophy (IFTA): Interstitial fibrosis is the accumulation of fibrous tissue between the tubules. Tubular atrophy is the shrinkage of tubules with variable thickening of the tubular basement membrane and flattening of the tubular epithelium. Once the type of biopsy performed is selected, enter the amount of interstitial fibrosis/tubular atrophy (IFTA):

≤5%
6-25%
26-50%
>50%
Unknown

Vascular disease (percent luminal narrowing of the most severely involved vessel): Vascular disease is fibrous thickening of the intima of arteries, measured by the percent luminal narrowing (the reduction in diameter of vessel lumens) of the most severely involved vessel. Once the type of biopsy performed is selected, enter the amount of vascular change:

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

Number of globally sclerotic glomeruli: The number of glomeruli exhibiting global (complete) collapse of glomerular capillary walls and consolidation of the glomerular tuft by extracellular matrix, causing capillary luminal obliteration. If the number of the glomeruli was not entered in DonorNet® previously, enter in the number visualized. 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**).

Number of glomeruli: The total of all glomerular capillary tufts in the sample, including sclerotic and non-sclerotic tufts. If the number of the glomeruli was not entered in DonorNet® previously, enter in the number visualized. If unavailable, select the reason from the status (ST) drop-down list **(N/A, Not Done, Missing, Unknown)**.

% Globally sclerotic glomeruli: The percentage of glomeruli exhibiting global (complete) collapse of glomerular capillary walls and consolidation of the glomerular tuft by extracellular matrix, causing capillary luminal obliteration. Select the glomerulosclerosis percentage for the right kidney.

0–5
6–10
11–15
16–20
20+
Indeterminate

Nodular mesangial glomerulosclerosis: Rounded accumulation of collagenous matrix expanding one or more mesangial areas.

Absent
Present
Unknown

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

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

Cortical necrosis: Deaths of cortical cells, typically affecting all three tissue compartments This field is **required**.

Present
Absent
Unknown

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

% Cortical necrosis//Status: If % Cortical necrosis is unavailable, select the reason from the status drop down list. This field is **required**.

Missing
Unknown
N/A
Not done

Fibrin thrombi: Capillary lumen aggregate of coagulated blood containing fibrin and platelets, with or without entrapped cellular elements. This field is **required**.

Present
Absent
Unknown

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

% Fibrin thrombi//Status: If % Fibrin thrombi is unavailable, select the reason from the status drop down list. This field is **required**.

Missing
Unknown
N/A
Not done

Pump: If a pump was used in preservation of the right kidney, select **Yes**. If not, select **No**. If the right kidney (or enbloc kidneys) was recovered or transplanted, this field is **required**.

Type of Right Kidney Pump/Machine: Enter the type of pump/machine used to perfuse the left kidney.

ORS: LifePort
Waters: RM3
Waters: Waves
Other specify

If other specify is selected, provide the type of left kidney pump/machine in the text field.

Final Resistance Prior to Shipping: If Yes is selected for Pump, enter the resistance value. If Yes is selected for Pump, this field is **required**. If data is unavailable, select the reason from the status (**ST**) drop-down list (**N/A, Not Done, Missing, Unknown**).

Transferred to transplant center on pump: If pump was used in preservation of the right kidney and the organ was transferred to the transplant center on pump, select **Yes**. If not, select **No**. If Yes is selected for **Pump**, this field is **required**.

Liver Biopsy: If a biopsy was performed to evaluate organ histology for assessing organ function/quality of the liver, select **Yes**. And If there was more than one biopsy, enter the results from the final biopsy result. 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. This is a **required** field.

Type of Liver Biopsy: Enter the type of liver biopsy

Core
Wedge
Other specify

If **Other specify** is selected, provide the type of liver biopsy in the text field.

% Macro vesicular fat: If **Yes** is selected for **Liver Biopsy**, enter the percentage of macro vesicular fat. This field is **required**. If data is unavailable, select the reason from the status (**ST**) drop-down list (**N/A, Not Done, Missing, Unknown**).

Macrovesicular - Large fat droplets balloon the liver cell, displacing the nucleus to the periphery of the cell, like an adipocyte. Triglycerides accumulate most commonly because it has the highest turnover rate of all hepatic fatty acid esters. Liver uptake of FFA from adipose tissue and the diet is unrestrained, whereas FFA disposition by oxidation, esterification, and VLDL secretion is limited.

% Micro/intermediate vesicular fat: If Yes is selected for Liver Biopsy, enter the percentage of micro/intermediate vesicular fat. This field is **required**. If data is unavailable, select the reason from the status (**ST**) drop-down list (**N/A, Not Done, Missing, Unknown**).

Microvesicular - Fatty liver, small fat droplets accumulate, cells appear foamy, and nuclei are central. Triglycerides collect in subcellular organelles (i.e. endoplasmic reticulum), reflecting widespread metabolic disturbance. Mitochondrial injury limits FFA oxidation, while apoprotein synthesis necessary for VLDL secretion is depressed, leading to triglyceride accumulation.

Fibrosis: If **Yes is selected for Liver Biopsy, enter in the appropriate value using the ISHAK scoring system:**

0 = No Fibrosis

1 = Fibrosis expansion of some portal areas, with or without short fibrous septa

2 = Fibrosis expansion of most portal areas, with or without short fibrous septa

3 = Fibrosis expansion of most portal areas, with occasional portal to portal bridging

4 = Fibrosis expansion of portal areas, with marked bridging (portal to portal as well as portal to central)

5 = Marked bridging with occasional nodules (incomplete cirrhosis)

6 = cirrhosis, probable or definite

Portal Infiltrates: If **Yes** is selected for Liver Biopsy, enter in the appropriate value for Portal Infiltrates. Inflammatory infiltrates value should be used versus fat content (steatosis).

0 = None Noted

1 = Mild, some or all portal areas

2 = Moderate, some or all portal areas

3 = Moderate/Marked

4 = Marked, all portal areas

Liver Machine Perfusion: If a liver machine was used for perfusion, select **Yes**. If not, select **No**. This field is **required**.

Type of Liver Machine Perfusion: Enter the type of pump/machine used to perfuse the liver.

Normothermic

Hypothermic

Other Specify

If **Other/Specify** is selected, provide the type of pump/machine in the text field.

Left Lung Bronchoscopy and Right Lung Bronchoscopy: If a lung was recovered or transplanted, select the results of the bronchoscopy procedure from the drop-down list. If multiple bronchoscopies are performed, enter the results from the last bronchoscopy

performed prior to the donor entering the operating room. If the results were abnormal, select **Abnormal** with the type of abnormality. If a bronchoscopy was not performed, select **No Bronchoscopy**. This field is **required**.

No Bronchoscopy
Bronchoscopy Results normal
Bronchoscopy Results, Abnormal-other
Bronchoscopy Results, Abnormal-purulent secretions
Bronchoscopy Results, Abnormal-aspiration of foreign body
Bronchoscopy Results, Abnormal-blood
Bronchoscopy Results, Abnormal-anatomy/other lesion
Bronchoscopy Results, Unknown

Left/Right Lung Machine Perfusion: If a lung machine was used for perfusion, select **Yes**. If not, select **No**. If a lung was recovered or transplanted, this field is **required**.

Chest X-ray: If a lung was recovered or transplanted, select the results of the chest x-ray from the drop-down list. If abnormalities were found on the chest x-ray, select **Abnormal** with the location. If this information is unknown, select **Unknown** if chest x-ray performed. If a chest x-ray was performed and the results are unknown, select **Results unknown**. If no chest x-ray was performed, select **No chest x-ray**. This field is **required**.

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

Organ Disposition

Complete the requested information for each displayed organ type listed.

Organ: Verify the final disposition of the organ.

Consent Not Requested
Consent Not Obtained
Organ Not Recovered
Recovered Not for Tx
Recovered for Tx but Not Tx
Transplanted
N/A

Date and time [organ] recovered/removed from donor: (when the organ is placed in the basin): Enter the date, using the standard 8-digit format of MM/DD/YYYY format, and military time of organ recovery/removal. If the organ was recovered or transplanted and **Yes** is selected for **Was this a DCD donor**, this field is **required**.

Recipient: The recipient name from the Waitlist removal record displays. Verify that the recipient listed is correct.

TX Center: The recipient's transplant center displays. Verify that the center is correct.

Reason Code: Select the appropriate reason code from the drop-down list. This field is **required**. If Other, specify is selected, enter the reason in the space provided. If **Other, specify** is selected, this field is **required**.

If consent was not requested, select the appropriate reason from the drop-down list. The remaining questions for this organ will not display.

Donor age
Non-heart beating donor
History of previous cardiac surgery (valid for heart only)
History of severe cardiac disease (valid for heart only)
History of lung disease (valid for lung only)
History of gastro-intestinal disease (valid for intestine only)
History of diabetes mellitus (valid for pancreas only)
Pancreatitis (valid for pancreas only)
Acute/chronic renal failure
Donor quality
Donor ABO
Other specify

If consent was not obtained, select the appropriate reason from the drop-down list. The remaining questions for this organ will not display.

Emotional
Cultural beliefs
Religious beliefs
Family conflict
Other, specify

If the organ was not recovered, select the appropriate reason from the drop-down list. The remaining questions for this organ will not display.

Poor organ function
Cardiac Arrest
Infection
Positive Hepatitis
Positive HIV
Diseased organ
Anatomical abnormalities (not valid for PA or PA segments)
Vascular damage
Donor medical history
Donor social history
Biopsy findings
Surgical damage in OR
No potential recipients on the match run
No local recovery team
Organ refused by all regional programs
Organ refused by all national programs
Organ refused by all programs with urgent need
Ruled out after evaluation in OR
Ruled out due to biopsy
Ejection fraction < 50%
PO_2 < 200 on O_2 challenge
Hemodynamically unstable donor
Trauma to organ
Positive (+) gram stain
Time constraints
Medical Examiner restricted recovery
Replaced/aberrant RHA or CHA traversing head of PA (valid only for PA and PA segments)

IPDA-SMA junction identified within 5mm from RHA junction (valid only for PA and PA segments)
IPDA originating directly from RHA (valid only for PA and PA segments)
Other anatomical abnormality (valid only for PA and PA segments)
Other, specify

If the organ was recovered but not for transplant use, select the appropriate reason from the drop-down list.

Recovered for Research
Recovered for Heart Valves
Recovered for Extra-corporeal Liver
Recovered only for purpose Hepatocytes
Recovered Organ for Technical Reasons

If the organ was recovered for a transplant but not used for a transplant, select the appropriate reason from the drop-down list.

Recovered for Transplant: Discarded Locally
Recovered for Transplant: Shared and Discarded
Recovered for Transplant: Submitted for Research
Recovered for Transplant: Sent for Heart Valves
Recovered for Transplant: Whole PA/PI, processed for islets, not transplanted or transplant unknown
Recovered for Transplant: Sent for Ex-corp Liver
Recovered for Transplant: Sent for Hepatocytes
Recovered for Transplant: Pancreas sent for Technical Reasons (for UNOS-use only)
Exported, not transplanted or transplant unknown

If the organ was transplanted, select the appropriate reason from the drop-down list.

Organ Transplanted Locally
Organ Transplanted Shared
Islet Cells Transplanted
Exported Out of U.S., transplanted

Reason organ not transplanted: If the organ was not transplanted, select the appropriate reason from the drop-down list, the organ was not transplanted. If **Other, specify** is selected, enter the reason in the **Specify** field.

Too old on pump
Too old on ice
Vascular damage
Ureteral damage
Inadequate urine output
Donor medical history
Donor social history
Positive CMV
Positive HIV
Positive Hepatitis
Warm ischemic time too long
Organ trauma
Organ not as described
Biopsy findings
Recipient determined to be unsuitable for TX in OR

Poor organ function
Infection
Diseased organ
Anatomical abnormalities
No recipient located - list exhausted
Other, specify

Did the recipient transplant center recover the organ?:

Yes
No

If No, answer the following:

Did another transplant center recover the organ?:

Yes
No

Did the donor OPO provide a recovery team?:

Yes
No

Recovery Center: Indicate the recovery center.

The intent of **Initial, Back Table and Final Flush/Storage** fields is to analyze the effects of a specific composition of preservation solution.

Initial Flush Solution: For each recovered organ, select the flush solution from the drop-down list, used during the recovery procedure. If a solution was used that is equivalent to the solutions in the drop-down list, then select the equivalent solution. If unknown, select **Unknown**. This field is **required**. If Other, specify is selected, enter the flush solution used in the **Specify** field. If Other, Specify is selected, this field is **required**.

Back Table Flush Solution: For each recovered organ, indicate the back table flush solution used to preserve each organ. If a solution was used that is equivalent to the solutions in the drop-down list, then select the equivalent solution. If a back flush solution was not used, select **No Flush**. If unknown, select **Unknown**. This field is **required**. If Other Specify is selected, enter the flush solution used in the **Specify** field. If Other Specify is selected, this field is **required**.

Final Flush/Storage Solution: For each recovered organ, indicate the final flush and storage solution used during the recovery procedure. If a solution was used that is equivalent to the solutions in the drop-down list, then select the equivalent solution. If unknown, select **Unknown**. This field is **required**. If Other Specify is selected, enter the flush solution used in the **Specify** field. If Other, Specify is selected, this field is **required**.

OPO sent vessels with organ: If vessels (vascular allografts) were sent with the organ, as indicated on the Donor Organ Disposition in DonorNet, **Yes** displays. If no vessels were sent, **No** displays.

Were extra vessels used in the transplant procedure: If extra vessels (vascular allografts) were used in the transplant procedure, as indicated on the Waitlist Removal record, **Yes** displays. If the vessels were not used, **No** displays.

Vessel Donor ID: The **Donor** ID entered on the Waitlist removal displays.

Note: If the extra vessels used in a transplant procedure are procured from a tissue processing organization, they are not reported in UNet[SM].

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 0.27 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.