

**Adult Heart Candidate Listing Registration
Fields to be completed by members**

| Form Section | Field Label |
|--------------------------------|---|
| Add new candidate registration | Transplant Hospital |
| Add new candidate registration | Organ |
| Candidate Add | Center |
| Candidate Add | Organ |
| Candidate Add | Age group |
| Candidate Add | SSN |
| Candidate Add | Confirm SSN |
| Provider Information | Transplant Center |
| Provider Information | 24 Hour Contact Phone Number |
| Demographic Information | SSN |
| Demographic Information | Confirm SSN |
| Demographic Information | Last Name |
| Demographic Information | First Name |
| Demographic Information | MI |
| Demographic Information | Date of birth |
| Demographic Information | Confirm date of birth |
| Demographic Information | Birth sex |
| Demographic Information | Center's Patient ID |
| Demographic Information | State of Permanent Residence |
| Demographic Information | Permanent ZIP Code |
| Demographic Information | Ethnicity |
| Demographic Information | Race |
| Clinical Information | ABO |
| Clinical Information | Accept an Intended Blood Group Incompatible Organ? |
| Clinical Information | Height (ft) |
| Clinical Information | Height (in) |
| Clinical Information | Height (cm) |
| Clinical Information | Weight (lbs) |
| Clinical Information | Weight (kg) |
| HLA CLASS I | A |
| HLA CLASS I | A |
| HLA CLASS I | B |
| HLA CLASS I | B |
| HLA CLASS I | BW4 |
| HLA CLASS I | BW6 |
| HLA CLASS I | C |
| HLA CLASS I | C |
| HLA CLASS II | DR |
| HLA CLASS II | DR |

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| HLA CLASS II | DR51 |
| HLA CLASS II | DR51 |
| HLA CLASS II | DR52 |
| HLA CLASS II | DR52 |
| HLA CLASS II | DR53 |
| HLA CLASS II | DR53 |
| HLA CLASS II | DQB1 |
| HLA CLASS II | DQB1 |
| HLA CLASS II | DQA1 |
| HLA CLASS II | DQA1 |
| HLA CLASS II | DPB1 |
| HLA CLASS II | DPB1 |
| HLA CLASS II | DPA1 |
| HLA CLASS II | DPA1 |
| Confirm HLA CLASS I | A |
| Confirm HLA CLASS I | A |
| Confirm HLA CLASS I | B |
| Confirm HLA CLASS I | B |
| Confirm HLA CLASS I | BW4 |
| Confirm HLA CLASS I | BW6 |
| Confirm HLA CLASS I | C |
| Confirm HLA CLASS I | C |
| Confirm HLA CLASS II | DR |
| Confirm HLA CLASS II | DR |
| Confirm HLA CLASS II | DR51 |
| Confirm HLA CLASS II | DR51 |
| Confirm HLA CLASS II | DR52 |
| Confirm HLA CLASS II | DR52 |
| Confirm HLA CLASS II | DR53 |
| Confirm HLA CLASS II | DR53 |
| Confirm HLA CLASS II | DQB1 |
| Confirm HLA CLASS II | DQB1 |
| Confirm HLA CLASS II | DQA1 |
| Confirm HLA CLASS II | DQA1 |
| Confirm HLA CLASS II | DPB1 |
| Confirm HLA CLASS II | DPB1 |
| Confirm HLA CLASS II | DPA1 |
| Confirm HLA CLASS II | DPA1 |
| Organ Information | Candidate Medical Urgency Status |
| Organ Information | Inactive Reason |
| Organ Information | Heart Diagnosis Code |
| Organ Information | Preliminary Crossmatch Required |
| Organ Information | Number of previous Heart Transplants |
| Organ Information | Is the candidate listed for a vascularized composite allograft (VCA)? |

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| Additional Organs | Check any additional organs the candidate may need. |
| Donor Characteristics | Local Minimum acceptable donor age |
| Donor Characteristics | Import Minimum acceptable donor age |
| Donor Characteristics | Local Maximum acceptable donor age |
| Donor Characteristics | Import Maximum acceptable donor age |
| Donor Characteristics | Local Minimum acceptable donor height |
| Donor Characteristics | Import Minimum acceptable donor height |
| Donor Characteristics | Local Maximum acceptable donor height |
| Donor Characteristics | Import Maximum acceptable donor height |
| Donor Characteristics | Local Minimum acceptable donor weight |
| Donor Characteristics | Import Minimum acceptable donor weight |
| Donor Characteristics | Local Maximum acceptable donor weight |
| Donor Characteristics | Import Maximum acceptable donor weight |
| Donor Characteristics | Donor birth sex requirements |
| Donor Characteristics | Local Accept DCD donor? |
| Donor Characteristics | Import Accept DCD donor? |
| Medical and Social History | Accept a donor with a history of coronary artery disease? |
| Infectious diseases | Accept a Hepatitis B core antibody positive donor? |
| Infectious diseases | Accept an HBV NAT positive donor? |
| Infectious diseases | Accept an HCV antibody positive donor? |
| Infectious diseases | Accept an HCV NAT positive donor? |
| Recovery | Maximum nautical miles the organ or recovery team will travel |
| Unacceptable Antigens | A |
| Unacceptable Antigens | B |
| Unacceptable Antigens | BW |
| Unacceptable Antigens | C |
| Unacceptable Antigens | DR |
| Unacceptable Antigens | DR51 |
| Unacceptable Antigens | DR52 |
| Unacceptable Antigens | DR53 |
| Unacceptable Antigens | DQB1 |
| Unacceptable Antigens | DQA1 |
| Unacceptable Antigens | DPB1 - unacceptable antigens |
| Unacceptable Antigens | DPB1 - unacceptable epitopes |
| Unacceptable Antigens | DPA1 |
| Risk Stratification Data | Total number of prior sternotomies |
| Risk Stratification Data | Any prior history of stroke? |
| Risk Stratification Data | Any prior history of peripheral thromboembolic events? |
| Risk Stratification Data | Number of hospitalizations for heart failure in last 12 months |
| Risk Stratification Data | Is the candidate on a diuretic? |

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| Risk Stratification Data | Furosemide - Amount |
| Risk Stratification Data | Furosemide - IV/PO |
| Risk Stratification Data | Torsemide - Amount |
| Risk Stratification Data | Torsemide - IV/PO |
| Risk Stratification Data | Bumetanide - Amount |
| Risk Stratification Data | Bumetanide - IV/PO |
| Risk Stratification Data | Chlorothiazide - Amount |
| Risk Stratification Data | Chlorothiazide - IV/PO |
| Risk Stratification Data | Metolazone - Amount |
| Risk Stratification Data | Metolazone - IV/PO |
| Risk Stratification Data | Other diuretic - Name |
| Risk Stratification Data | Other diuretic - Amount |
| Risk Stratification Data | Other diuretic - IV/PO |
| Risk Stratification Data | Is the candidate on vasoactive support? |
| Risk Stratification Data | Dobutamine |
| Risk Stratification Data | Dopamine |
| Risk Stratification Data | Milrinone |
| Risk Stratification Data | Epinephrine |
| Risk Stratification Data | Norepinephrine |
| Risk Stratification Data | Vasopressin |
| Risk Stratification Data | Is the candidate on anti-arrhythmics? |
| Risk Stratification Data | Is the candidate on pulmonary vasodilators? |
| Risk Stratification Data | Pulmonary Vasodilators Specify |
| Risk Stratification Data | Is the candidate on dialysis? |
| Risk Stratification Data | Is the candidate on continuous invasive mechanical ventilation? |
| Risk Stratification Data | Most Recent Cardiopulmonary Stress Test |
| Risk Stratification Data | Peak O2 consumption |
| Risk Stratification Data | Respiratory exchange ratio (RER) |
| Risk Stratification Data | VE/VCO2 |
| Risk Stratification Data | Most Recent Sensitization Data |
| Risk Stratification Data | CPRA |
| Risk Stratification Data | PRA typing method |
| Risk Stratification Data | Other Specify |
| Risk Stratification Data | MFI threshold |
| Risk Stratification Data | Most Recent Hemodynamic Data |
| Risk Stratification Data | Hemodynamic data obtained using |
| Risk Stratification Data | Other Specify |
| Risk Stratification Data | Hemodynamic values were obtained when candidate was on |
| Risk Stratification Data | Systolic blood pressure |
| Risk Stratification Data | Diastolic blood pressure |
| Risk Stratification Data | Resting heart rate (on same date as hemodynamic test) |
| Risk Stratification Data | Central venous pressure |
| Risk Stratification Data | Pulmonary artery systolic pressure |

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| Risk Stratification Data | Pulmonary artery diastolic pressure |
| Risk Stratification Data | Mean pulmonary arty pressure |
| Risk Stratification Data | Value obtained for PCWP or LVEDP |
| Risk Stratification Data | PCWP/LVEDP - Amount |
| Risk Stratification Data | Cardiac output |
| Risk Stratification Data | Cardiac index |
| Risk Stratification Data | Mixed venous oxygen saturation (SvO2) |
| Risk Stratification Data | Hemoglobin at time of SvO2 |
| Risk Stratification Data | Most Recent Data for VAD patients |
| Risk Stratification Data | LDH |
| Risk Stratification Data | Test date |
| Risk Stratification Data | Plasma free hemoglobin |
| Risk Stratification Data | Test date |
| Risk Stratification Data | Has the candidate experience hemoglobinuria? |
| Risk Stratification Data | Most Recent Heart Failure Severity Data |
| Risk Stratification Data | Serum sodium |
| Risk Stratification Data | Test date |
| Risk Stratification Data | Serum creatinine |
| Risk Stratification Data | Test date |
| Risk Stratification Data | BUN |
| Risk Stratification Data | Test date |
| Risk Stratification Data | Serum albumin |
| Risk Stratification Data | Test date |
| Risk Stratification Data | AST |
| Risk Stratification Data | Test date |
| Risk Stratification Data | Serum bilirubin |
| Risk Stratification Data | Test date |
| Risk Stratification Data | Arterial lactate |
| Risk Stratification Data | Test date |
| Risk Stratification Data | INR |
| Risk Stratification Data | Test date |
| Risk Stratification Data | Brain natriuretic peptide test performed |
| Risk Stratification Data | BNP test type |
| Risk Stratification Data | BNP/NT Pro BNP - Amount |
| Risk Stratification Data | Test date |
| Justification Form Information | Surgeon/Physician NPI |
| Justification Form Information | Surgeon/Physician name |
| Justification Form Information | Hospital Telephone Number |
| Justification Form Status 1 | Is the candidate currently admitted to the listing transplant hospital? |
| Justification Form Status 1 | Primary device |
| Justification Form Status 1 | Non-Dischargeable VAD Device Brand |
| Justification Form Status 1 | Other specify |
| Justification Form Status 1 | Dischargeable VAD Device Brand |

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| Justification Form Status 1 | Other specify |
| Justification Form Status 1 | Date of implant/initiation |
| Justification Form Status 1 | Time of implant/initiation |
| Justification Form Status 1 | Ventricle support |
| Justification Form Status 1 | Secondary device |
| Justification Form Status 1 | Device Brand |
| Justification Form Status 1 | Other specify |
| Justification Form Status 1 | Date of implant/initiation |
| Justification Form Status 1 | Ventricle support |
| Justification Form Status 1 | Veno-Arterial Extracorporeal Membrane Oxygenation (VA ECMO) |
| Justification Form Status 1 | Select one of the following |
| Justification Form Status 1 | Was the candidate on inotropes at the time cardiac index was obtained? |
| Justification Form Status 1 | Cardiac index |
| Justification Form Status 1 | Test Date |
| Justification Form Status 1 | Test Time |
| Justification Form Status 1 | Pulmonary capillary wedge pressure |
| Justification Form Status 1 | Test Date |
| Justification Form Status 1 | Test Time |
| Justification Form Status 1 | Systolic blood pressure |
| Justification Form Status 1 | Test Date |
| Justification Form Status 1 | Test Time |
| Justification Form Status 1 | Date of administration of CPR |
| Justification Form Status 1 | Test Time |
| Justification Form Status 1 | Systolic blood pressure |
| Justification Form Status 1 | Test Date |
| Justification Form Status 1 | Test Time |
| Justification Form Status 1 | Arterial lactate |
| Justification Form Status 1 | Test Date |
| Justification Form Status 1 | Test Time |
| Justification Form Status 1 | Aspartate transaminase |
| Justification Form Status 1 | Test Date |
| Justification Form Status 1 | Test Time |
| Justification Form Status 1 | Alanine transaminase |
| Justification Form Status 1 | Test Date |
| Justification Form Status 1 | Test Time |
| Justification Form Status 1 | Non-dischargeable, surgically implanted, non- endovascular biventricular support device |
| Justification Form Status 1 | Mechanical circulatory support device (MCSD) with life threatening ventricular arrhythmia |
| Justification Form Status 1 | Select at least one of the following |
| Justification Form Status 1 | Exception for status 1 |

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| Justification Form Status 1 | This exception request is specifically related to a device recall |
| Justification Form Status 2 | Clinical Narrative |
| Justification Form Status 2 | Primary device |
| Justification Form Status 2 | Non-Dischargeable VAD Device Brand |
| Justification Form Status 2 | Other specify |
| Justification Form Status 2 | Dischargeable VAD Device Brand |
| Justification Form Status 2 | Other specify |
| Justification Form Status 2 | Date of implant/initiation |
| Justification Form Status 2 | Time of implant/initiation |
| Justification Form Status 2 | Ventricle support |
| Justification Form Status 2 | Secondary device |
| Justification Form Status 2 | Device Brand |
| Justification Form Status 2 | Other specify |
| Justification Form Status 2 | Date of implant/initiation |
| Justification Form Status 2 | Ventricle support |
| Justification Form Status 2 | Non-dischargeable, surgically implanted, non-endovascular left ventricular assist device (LVAD) |
| Justification Form Status 2 | Total artificial heart (TAH), BiVAD, right ventricular assist device (RVAD), or ventricular assist device (VAD) for single ventricle patients |
| Justification Form Status 2 | Mechanical circulatory support device (MCSD) with malfunction |
| Justification Form Status 2 | Percutaneous endovascular mechanical circulatory support device |
| Justification Form Status 2 | Hemodynamic measurements were obtained and within 24 hour period |
| Justification Form Status 2 | Cardiac index |
| Justification Form Status 2 | Test Date |
| Justification Form Status 2 | Test Time |
| Justification Form Status 2 | Pulmonary capillary wedge pressure |
| Justification Form Status 2 | Test Date |
| Justification Form Status 2 | Test Time |
| Justification Form Status 2 | Systolic blood pressure |
| Justification Form Status 2 | Test Date |
| Justification Form Status 2 | Test Time |
| Justification Form Status 2 | Hemodynamic measurements were not obtained. However, within 24 hours prior to IABP support |
| Justification Form Status 2 | Date of administration of CPR |
| Justification Form Status 2 | Test Time |
| Justification Form Status 2 | Systolic blood pressure |
| Justification Form Status 2 | Test Date |
| Justification Form Status 2 | Test Time |
| Justification Form Status 2 | Arterial lactate |

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| Justification Form Status 2 | Test Date |
| Justification Form Status 2 | Test Time |
| Justification Form Status 2 | Aspartate transaminase |
| Justification Form Status 2 | Test Time |
| Justification Form Status 2 | Test Date |
| Justification Form Status 2 | Alanine transaminase |
| Justification Form Status 2 | Test Time |
| Justification Form Status 2 | Test Date |
| Justification Form Status 2 | Intra-aortic balloon pump |
| Justification Form Status 2 | Hemodynamic measurements were obtained and within 24 hour period |
| Justification Form Status 2 | Was the candidate on inotropes at the time cardiac index was obtained? |
| Justification Form Status 2 | Cardiac index |
| Justification Form Status 2 | Test Date |
| Justification Form Status 2 | Test Time |
| Justification Form Status 2 | Pulmonary capillary wedge pressure |
| Justification Form Status 2 | Test Date |
| Justification Form Status 2 | Test Time |
| Justification Form Status 2 | Systolic blood pressure |
| Justification Form Status 2 | Test Date |
| Justification Form Status 2 | Test Time |
| Justification Form Status 2 | Hemodynamic measurements were not obtained. However, within 24 hours prior to IABP support |
| Justification Form Status 2 | Date of administration of CPR |
| Justification Form Status 2 | Test Time |
| Justification Form Status 2 | Systolic blood pressure |
| Justification Form Status 2 | Test Date |
| Justification Form Status 2 | Test Time |
| Justification Form Status 2 | Arterial lactate |
| Justification Form Status 2 | Test Date |
| Justification Form Status 2 | Test Time |
| Justification Form Status 2 | Aspartate transaminase |
| Justification Form Status 2 | Test Time |
| Justification Form Status 2 | Test Date |
| Justification Form Status 2 | Alanine transaminase |
| Justification Form Status 2 | Test Time |
| Justification Form Status 2 | Test Date |
| Justification Form Status 2 | Ventricular tachycardia (VT) or ventricular fibrillation (VF) |
| Justification Form Status 2 | Exception for status 2 |
| Justification Form Status 2 | This exception request is specifically related to a device recall |
| Justification Form Status 2 | Clinical Narrative |
| Justification Form Status 3 | Primary device |

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| Justification Form Status 3 | Non-Dischargeable VAD Device Brand |
| Justification Form Status 3 | Other specify |
| Justification Form Status 3 | Dischargeable VAD Device Brand |
| Justification Form Status 3 | Other specify |
| Justification Form Status 3 | Date of implant/initiation |
| Justification Form Status 3 | Time of implant/initiation |
| Justification Form Status 3 | Ventricle support |
| Justification Form Status 3 | Secondary device |
| Justification Form Status 3 | Device Brand |
| Justification Form Status 3 | Other specify |
| Justification Form Status 3 | Date of implant/initiation |
| Justification Form Status 3 | Ventricle support |
| Justification Form Status 3 | Dischargeable left ventricular assist device (LVAD) for discretionary 30 days |
| Justification Form Status 3 | Multiple inotropes or a single high dose inotrope and hemodynamic monitoring |
| Justification Form Status 3 | Select one of the following |
| Justification Form Status 3 | Candidate is supported by either |
| Justification Form Status 3 | Was the candidate on inotropic or mechanical support at the time cardiac index was obtained? |
| Justification Form Status 3 | Cardiac index |
| Justification Form Status 3 | Test Date |
| Justification Form Status 3 | Test Time |
| Justification Form Status 3 | Pulmonary capillary wedge pressure |
| Justification Form Status 3 | Test Date |
| Justification Form Status 3 | Test Time |
| Justification Form Status 3 | Systolic blood pressure |
| Justification Form Status 3 | Test Date |
| Justification Form Status 3 | Test Time |
| Justification Form Status 3 | Mechanical circulatory support device (MCSD) with hemolysis |
| Justification Form Status 3 | Two separate samples collected within 48 hours of each other confirming markers of active hemolysis as evidenced by at least two of the following |
| Justification Form Status 3 | Mechanical circulatory support device (MCSD) with pump thrombosis |
| Justification Form Status 3 | Mechanical circulatory support device (MCSD) with right heart failure |
| Justification Form Status 3 | Dobutamine |
| Justification Form Status 3 | Date of Initiation |
| Justification Form Status 3 | Dopamine |
| Justification Form Status 3 | Date of Initiation |
| Justification Form Status 3 | Epinephrine |
| Justification Form Status 3 | Date of Initiation |
| Justification Form Status 3 | Milrinone |

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| Justification Form Status 3 | Date of Initiation |
| Justification Form Status 3 | Inhaled nitric oxide |
| Justification Form Status 3 | Date of Initiation |
| Justification Form Status 3 | Intravenous prostacyclin |
| Justification Form Status 3 | Date of Initiation |
| Justification Form Status 3 | Pulmonary capillary wedge pressure |
| Justification Form Status 3 | Test Date |
| Justification Form Status 3 | Test Time |
| Justification Form Status 3 | Central venous pressure |
| Justification Form Status 3 | Test Date |
| Justification Form Status 3 | Test Time |
| Justification Form Status 3 | Mechanical circulatory support device (MCSD) with device infection |
| Justification Form Status 3 | Mechanical circulatory support device (MCSD) with mucosal bleeding |
| Justification Form Status 3 | Number of hospitalizations for mucosal bleeding within the past six months |
| Justification Form Status 3 | Mechanical circulatory support device (MCSD) with aortic insufficiency (AI) |
| Justification Form Status 3 | Veno-arterial extracorporeal membrane oxygenation (VA ECMO) after 7 days |
| Justification Form Status 3 | Non-dischargeable, surgically implanted, non-endovascular left ventricular assist device (LVAD) after 14 days |
| Justification Form Status 3 | Percutaneous endovascular circulatory support device after 14 days |
| Justification Form Status 3 | Intra-aortic balloon pump after 14 days |
| Justification Form Status 3 | Exception for status 3 |
| Justification Form Status 3 | This exception request is specifically related to a device recall |
| Justification Form Status 3 | Clinical Narrative |
| Justification Form Status 4 | Primary device |
| Justification Form Status 4 | Non-Dischargeable VAD Device Brand |
| Justification Form Status 4 | Other specify |
| Justification Form Status 4 | Dischargeable VAD Device Brand |
| Justification Form Status 4 | Other specify |
| Justification Form Status 4 | Date of implant/initiation |
| Justification Form Status 4 | Time of implant/initiation |
| Justification Form Status 4 | Ventricle support |
| Justification Form Status 4 | Secondary device |
| Justification Form Status 4 | Device Brand |
| Justification Form Status 4 | Other specify |
| Justification Form Status 4 | Date of implant/initiation |
| Justification Form Status 4 | Ventricle support |
| Justification Form Status 4 | Dischargeable left ventricular assist device (LVAD) without discretionary 30 days |
| Justification Form Status 4 | Inotropes without hemodynamic monitoring |

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| Justification Form Status 4 | Dobutamine |
| Justification Form Status 4 | Date of Initiation |
| Justification Form Status 4 | Milrinone |
| Justification Form Status 4 | Date of Initiation |
| Justification Form Status 4 | Epinephrine |
| Justification Form Status 4 | Date of Initiation |
| Justification Form Status 4 | Dopamine |
| Justification Form Status 4 | Date of Initiation |
| Justification Form Status 4 | Cardiac index |
| Justification Form Status 4 | Test Date |
| Justification Form Status 4 | Pulmonary capillary wedge pressure |
| Justification Form Status 4 | Test Date |
| Justification Form Status 4 | Congenital heart disease |
| Justification Form Status 4 | Congenital Heart Disease Diagnosis |
| Justification Form Status 4 | Other |
| Justification Form Status 4 | Ischemic heart disease with intractable angina |
| Justification Form Status 4 | Amyloidosis, or hypertrophic or restrictive cardiomyopathy |
| Justification Form Status 4 | Candidate is diagnosed with at least one of the following |
| Justification Form Status 4 | Candidate meets at least one of the following requirements |
| Justification Form Status 4 | New York Heart Association (NYHA) Class III-IV symptoms with either |
| Justification Form Status 4 | Retransplant |
| Justification Form Status 4 | Exception for status 4 |
| Justification Form Status 4 | Clinical Narrative |
| Verify ABO | ABO |

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

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