

## Records ?

### Deceased Donor Registration Worksheet

FORM APPROVED: O.M.B. NO. 0915-0157 Expiration Date: 03/31/2015

Note: These worksheets are provided to function as a guide to what data will be required in the online TIEDI<sup>®</sup> application. Currently in the worksheet, a red asterisk is displayed by fields that are required, independent of what other data may be provided. Based on data provided through the online TIEDI<sup>®</sup> application, additional fields that are dependent on responses provided in these required fields may become required as well. However, since those fields are not required in every case, they are not marked with a red asterisk.

**Donor ID:**

#### Donor Information

**OPO:**

**Donor Hospital:**

**Referral Date:** \*

**Recovered Outside the U.S.:** \*

☐ YES ☐ NO

**Country:**

**Last Name:** \*

**First Name:** \*

**MI:**

**DOB:**

**Age:**

☐ Months ☐ Years

**Gender:** \*

☐ Male ☐ Female

**Home City:** \*

**State:**

**Zip Code:**

 - 

#### Ethnicity/Race: \*

American Indian or Alaska Native

- ☐ American Indian
- ☐ Eskimo
- ☐ Aleutian
- ☐ Alaska Indian
- ☐ American Indian or Alaska Native: Other
- ☐ American Indian or Alaska Native: Not Specified/Unknown

Black or African American

- ☐ African American
- ☐ African (Continental)
- ☐ West Indian

Asian

- ☐ Asian Indian/Indian Sub-Continent
- ☐ Chinese
- ☐ Filipino
- ☐ Japanese
- ☐ Korean
- ☐ Vietnamese
- ☐ Asian: Other
- ☐ Asian: Not Specified/Unknown

Hispanic/Latino

- ☐ Mexican
- ☐ Puerto Rican (Mainland)
- ☐ Puerto Rican (Island)

- ☐ Haitian  
☐ Black or African American: Other  
☐ Black or African American: Not Specified/Unknown

Native Hawaiian or Other Pacific Islander

- ☐ Native Hawaiian  
☐ Guamanian or Chamorro  
☐ Samoan  
☐ Native Hawaiian or Other Pacific Islander: Other  
☐ Native Hawaiian or Other Pacific Islander: Not Specified/Unknown

- ☐ Cuban  
☐ Hispanic/Latino: Other  
☐ Hispanic/Latino: Not Specified/Unknown  
White  
☐ European Descent  
☐ Arab or Middle Eastern  
☐ North African (non-Black)  
☐ White: Other  
☐ White: Not Specified/Unknown

**Citizenship: \***

- ☐ **US Citizen**  
☐ **Non-US Citizen/US Resident**  
☐ **Non-US Citizen/Non-US Resident**

**Home Country:**

**Cause of Death: \***

- ☐ **ANOXIA**  
☐ **CEREBROVASCULAR/STROKE**  
☐ **HEAD TRAUMA**  
☐ **CNS TUMOR**  
☐ **OTHER SPECIFY**

**Specify:**

**Mechanism of Death: \***

- ☐ **DROWNING**  
☐ **SEIZURE**  
☐ **ASPHYXIATION**  
☐ **ELECTRICAL**  
☐ **STAB**  
☐ **SIDS**  
☐ **DEATH FROM NATURAL CAUSES**  
☐ **DRUG INTOXICATION**  
☐ **CARDIOVASCULAR**  
☐ **GUNSHOT WOUND**  
☐ **BLUNT INJURY**

Circumstances of Death: \*

- ☐ INTRACRANIAL HEMORRHAGE/STROKE
- ☐ NONE OF THE ABOVE
- ☐ MVA
- ☐ SUICIDE
- ☐ HOMICIDE
- ☐ CHILD-ABUSE
- ☐ NON-MVA
- ☐ DEATH FROM NATURAL CAUSES
- ☐ NONE OF THE ABOVE

## Procurement and Consent

Medical Examiner/Coroner: \*

- ☐ NO
- ☐ YES, MEDICAL EXAMINER CONSENTED
- ☐ YES, MEDICAL EXAMINER REFUSED CONSENT
- ☐ UNKNOWN

Did the patient have written documentation of their intent to be a donor: \*

- ☐ YES ☐ NO ☐ UNK

If yes, indicate mechanisms (check all that apply):

☐ Driver's license

☐ Donor Card

☐ Donor Registry

☐ Durable Power of Attorney / Healthcare Proxy

Other Specify

Was the consent based solely on this documentation:

- ☐ YES ☐ NO

Did the patient express to family or others the intent to be a donor: \*

- ☐ YES ☐ NO ☐ UNK

Date and time of pronouncement of death: (Complete for brain dead and DCD donors):

Date:  Time:  (military time)

Date and time consent obtained for organ donation:

Date:  Time:  (military time)

## Clinical Information

ABO Blood Group:

Height: \*

ft  in

cm

ST=

Weight: \*

lbs

kg

ST=

**Terminal Lab Data:**

Serum Creatinine: \*

mg/dl

ST=

BUN: \*

mg/dl

ST=

Total Bilirubin: \*

mg/dl

ST=

SGOT/AST: \*

u/L

ST=

SGPT/ALT: \*

u/L

ST=

Protein in Urine: \*

☐ YES ☐ NO ☐ UNK

Last Serum Sodium Prior to Procurement: \*

mEq/L

ST=

INR: \*

ST=

Blood pH: \*

ST=

Hematocrit: \*

%

ST=

**Pancreas (PA Donors Only):**

Serum Lipase:

u/L

ST=

Serum Amylase:

u/L

ST=

**Serology:**

- ☐ Positive
- ☐ Negative
- ☐ Unknown
- ☐ Cannot Disclose
- ☐ Not Done
- ☐ Indeterminate

Anti-HIV I/II: \*

- ☐ Positive
- ☐ Negative
- ☐ Unknown
- ☐ Cannot Disclose
- ☐ Not Done
- ☐ Indeterminate

Anti-HTLV I/II: \*

- ☐ Positive

RPR-VDRL: \*

- ☐ Negative
- ☐ Unknown
- ☐ Cannot Disclose
- ☐ Not Done
- ☐ Indeterminate

Anti-CMV: \*

- ☐ Positive
- ☐ Negative
- ☐ Unknown
- ☐ Cannot Disclose
- ☐ Not Done
- ☐ Indeterminate

HBsAg: \*

- ☐ Positive
- ☐ Negative
- ☐ Unknown
- ☐ Cannot Disclose
- ☐ Not Done
- ☐ Indeterminate

Anti-HBc: \*

- ☐ Positive
- ☐ Negative
- ☐ Unknown
- ☐ Cannot Disclose
- ☐ Not Done
- ☐ Indeterminate

Anti-HCV: \*

- ☐ Positive
- ☐ Negative
- ☐ Unknown
- ☐ Cannot Disclose
- ☐ Not Done
- ☐ Indeterminate

HBsAb: \*

- ☐ Positive
- ☐ Negative
- ☐ Unknown
- ☐ Cannot Disclose
- ☐ Not Done
- ☐ Indeterminate

EBV (VCA) (IgG): \*

- ☐ Positive
- ☐ Negative
- ☐ Unknown
- ☐ Cannot Disclose
- ☐ Not Done
- ☐ Indeterminate

EBV (VCA) (IgM): \*

- ☐ Positive
- ☐ Negative
- ☐ Unknown
- ☐ Cannot Disclose
- ☐ Not Done
- ☐ Indeterminate

EBNA: \*

- ☐ Positive
- ☐ Negative
- ☐ Unknown
- ☐ Cannot Disclose
- ☐ Not Done
- ☐ Indeterminate

Donor Management: (Any medications administered within 24 hours prior to crossclamp.)

Steroids: \*

- ☐ YES
- ☐ NO
- ☐ UNK

Diuretics: \*

- ☐ YES
- ☐ NO
- ☐ UNK

T3: \*

- ☐ YES
- ☐ NO
- ☐ UNK

T4: \*

☐ YES ☐ NO ☐ UNK

Anticonvulsants: \*

☐ YES ☐ NO ☐ UNK

Antihypertensives: \*

☐ YES ☐ NO ☐ UNK

Vasodilators: \*

☐ YES ☐ NO ☐ UNK

DDAVP: \*

☐ YES ☐ NO ☐ UNK

Heparin: \*

☐ YES ☐ NO ☐ UNK

Arginine Vasopressin: \*

☐ YES ☐ NO ☐ UNK

Insulin: \*

☐ YES ☐ NO ☐ UNK

Other/Specify:

Other/Specify:

Other/Specify:

Inotropic Medications at Time of Cross Clamp:

☐ YES ☐ NO ☐ UNK

Medication:

☐ Dopamine

☐ Dobutamine

☐ Epinephrine

☐ Levophed

Specify:

☐ Neosynephrine

☐ Isoproterenol (Isuprel)

☐ Other, specify

Dosage at Time of Cross Clamp:

Dosage Units:

☐ mcg/kg/min

☐ mcg/min

☐ mg/min

☐ units/hr

☐ mcg/hr

Final Dosage Duration:

hours

☐ Dopamine

Medication:

- ☐ Dobutamine
- ☐ Epinephrine
- ☐ Levophed
- ☐ Neosynephrine
- ☐ Isoproterenol (Isuprel)
- ☐ Other, specify

Specify:

Dosage at Time of Cross Clamp:

Dosage Units:

- ☐ mcg/kg/min
- ☐ mcg/min
- ☐ mg/min
- ☐ units/hr
- ☐ mcg/hr

Final Dosage Duration:

hours

Medication:

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

Specify:

Dosage at Time of Cross Clamp:

Dosage Units:

- ☐ mcg/kg/min
- ☐ mcg/min
- ☐ mg/min
- ☐ units/hr
- ☐ mcg/hr

Final Dosage Duration:

hours

Number of transfusions during this  
(terminal) hospitalization: \*

- ☐ NONE
- ☐ 1 - 5
- ☐ 6 - 10



☐ GREATER THAN 10

☐ UNKNOWN

Three or more inotropic agents at time of incision: \*

☐ YES ☐ NO

Clinical Infection: \*

☐ YES ☐ NO ☐ UNK

Source

Confirmed by Culture

☐ Blood

☐ YES ☐ NO

☐ Lung

☐ YES ☐ NO

☐ Urine

☐ YES ☐ NO

☐ Other

☐ YES ☐ NO

Other, specify:

### Lifestyle Factors

Cigarette Use (> 20 pack years) - Ever: \*

☐ YES ☐ NO ☐ UNK

AND continued in last six months:

☐ YES ☐ NO ☐ UNK

Cocaine Use - Ever: \*

☐ YES ☐ NO ☐ UNK

AND continued in last six months:

☐ YES ☐ NO ☐ UNK

Other Drug Use (non - IV) - Ever: \*

☐ YES ☐ NO ☐ UNK

AND continued in last six months:

☐ YES ☐ NO ☐ UNK

Heavy Alcohol Use (heavy= 2+ drinks/day): \*

☐ YES ☐ NO ☐ UNK

Tattoos: \*

☐ YES ☐ NO ☐ UNK

According to the OPTN policy in effect on the date of referral, does the donor have risk factors for blood-borne disease transmission: \*

☐ YES ☐ NO ☐ UNK

☐ NO

History of Diabetes: \*

☐ YES, 0-5 YEARS

☐ YES, 6-10 YEARS

Insulin Dependent:

- ☐ YES, >10 YEARS
- ☐ YES, DURATION UNKNOWN
- ☐ UNKNOWN
- ☐ NO
- ☐ YES, 0-5 YEARS
- ☐ YES, 6-10 YEARS
- ☐ YES, >10 YEARS
- ☐ YES, DURATION UNKNOWN
- ☐ UNKNOWN

History of Hypertension: \*

- ☐ NO
- ☐ YES, 0-5 YEARS
- ☐ YES, 6-10 YEARS
- ☐ YES, >10 YEARS
- ☐ YES, UNKNOWN DURATION
- ☐ UNKNOWN

If yes, method of control:

Diet:

- ☐ YES ☐ NO ☐ UNK

Diuretics:

- ☐ YES ☐ NO ☐ UNK

Other anti-hypertensive medication:

- ☐ YES ☐ NO ☐ UNK

History of Cancer: \*

Specify:

Cancer Free Interval:

years

ST=

Cancer at time of procurement:

Intracranial:

- ☐ YES ☐ NO ☐ UNK

Extracranial:

- ☐ YES ☐ NO ☐ UNK

Skin:

- ☐ YES ☐ NO ☐ UNK

## Organ Recovery

Recovery Date (donor to OR):

Was this donor recovered under DCD protocol:

☐ YES ☐ NO

If Yes, Controlled:

☐ YES ☐ NO ☐ UNK

If Yes, Date and time of withdrawal of support:

Date:

Time:   
(military time)

If Yes, Date and time agonal phase begins (systolic BP < 80 or O2 sat. < 80%):

Date:

Time:   
(military time)

If DCD, Total urine output during OR recovery phase:

Measures Between Withdrawal of Support and Cardiac Death. Provide Serial Data Every 15 Minutes Between Withdrawal of Support and Start of Agonal Phase, and Every 5 Minutes Between Start of Agonal Phase and Cardiac Death.

| Date:                | Time (military time): | Systolic blood pressure: | Diastolic blood pressure: | Mean arterial pressure: | O2 saturation:       |
|----------------------|-----------------------|--------------------------|---------------------------|-------------------------|----------------------|
| <input type="text"/> | <input type="text"/>  | <input type="text"/>     | <input type="text"/>      | <input type="text"/>    | <input type="text"/> |

If Yes, Core Cooling Used:

☐ YES ☐ NO

If yes, Date and time of abdominal aorta core cooling:

Date:

Time:   
(military time)

ST=

If yes, Date and time of thoracic aorta core cooling:

Date:

Time:   
(military time)

ST=

If yes, Date and time of portal vein core cooling:

Date:

Time:   
(military time)

ST=

If yes, Date and time of pulmonary artery core cooling:

Date:

Time:   
(military time)

ST=

Estimated Warm Ischemic Time:

min

ST=

If No, Was this a consented DCD donor that progressed to brain death?

☐ YES ☐ NO

Cardiac arrest since neurological event that led to declaration of brain death: \*

☐ YES ☐ NO

If Yes, Duration of Resuscitation:

min

ST=

Clamp Date:

Clamp Time: (Military Time)

ST=

☐ Eastern

Clamp Time Zone:

- ☐ Central  
☐ Mountain  
☐ Pacific  
☐ Alaska  
☐ Hawaii  
☐ Atlantic

**All Donors Cardiac and Pulmonary Function:**

History of previous MI:

- ☐ YES ☐ NO ☐ UNK

LV ejection fraction (%):

ST=

Method:

- ☐ Echo  
☐ MUGA  
☐ Angiogram

If LV, Ejection Fraction < 50%:

Structural Abnormalities:

Valves:

- ☐ YES ☐ NO

Congenital:

- ☐ YES ☐ NO

LVH:

- ☐ YES ☐ NO

Wall Abnormalities:

Segmental:

- ☐ YES ☐ NO

Global:

- ☐ YES ☐ NO

Coronary Angiogram:

- ☐ No  
☐ Yes, normal  
☐ Yes, not normal

If Abnormal, # of Vessels with > 50% Stenosis:

- ☐ 0 ☐ 1 ☐ 2 ☐ 3 ☐ Unknown

Pulmonary Measurements:

Lung - Was pO<sub>2</sub> done:

- ☐ YES ☐ NO ☐ UNK

If Yes, Lung pO<sub>2</sub> terminal value:

 mm/Hg

ST=

If Yes, Lung pO<sub>2</sub> on FiO<sub>2</sub> terminal  
value of:

PCO<sub>2</sub>

 mm/Hg

ST=

Was a pulmonary artery catheter placed:

☐ YES ☐ NO

If Yes, Initial (baseline) and Final-Preoperative measurements:

|                             | Initial              |                          | Final                |                          |
|-----------------------------|----------------------|--------------------------|----------------------|--------------------------|
| MAP: (mm Hg)                | <input type="text"/> | ST= <input type="text"/> | <input type="text"/> | ST= <input type="text"/> |
| CVP: (mm Hg)                | <input type="text"/> | ST= <input type="text"/> | <input type="text"/> | ST= <input type="text"/> |
| PCWP: (mm Hg)               | <input type="text"/> | ST= <input type="text"/> | <input type="text"/> | ST= <input type="text"/> |
| SVR: ((dynes/sec/cm)^5)     | <input type="text"/> | ST= <input type="text"/> | <input type="text"/> | ST= <input type="text"/> |
| PA Systolic: (mm Hg)        | <input type="text"/> | ST= <input type="text"/> | <input type="text"/> | ST= <input type="text"/> |
| PA Diastolic: (mm Hg)       | <input type="text"/> | ST= <input type="text"/> | <input type="text"/> | ST= <input type="text"/> |
| CO: (L/min)                 | <input type="text"/> | ST= <input type="text"/> | <input type="text"/> | ST= <input type="text"/> |
| Cardiac Index: (L/min/sq.m) | <input type="text"/> | ST= <input type="text"/> | <input type="text"/> | ST= <input type="text"/> |

☐ NO

☐ YES, MYOCARDITIS

☐ YES, NEGATIVE BIOPSY RESULT

☐ YES, OTHER DIAGNOSIS SPECIFY

Biopsy (heart donors only):

Other Diagnosis /Specify:

Left Kidney Biopsy:

☐ YES ☐ NO

☐ 0-5

☐ 6-10

Glomerulosclerosis:

☐ 11-15

☐ 16-20

☐ 20+

☐ Indeterminate

Pump:

☐ YES ☐ NO

Final Resistance Prior to Shipping:

ST=

Transferred to transplant center on pump:

☐ YES ☐ NO

Right Kidney Biopsy:

☐ YES ☐ NO

☐ 0-5

☐ 6-10

☐ 11-15

Glomerulosclerosis:

☐ 16-20

☐ 20+

☐ Indeterminate

Pump:

☐ YES ☐ NO

Final Resistance Prior to Shipping:

ST=

Transferred to transplant center on pump:

☐ YES ☐ NO

Liver Biopsy:

☐ YES ☐ NO

% Macro vesicular fat:

 %

ST=

% Micro/intermediate vesicular fat:

 %

ST=

Other Histology (check all that apply):

☐ Hemosidera:

☐ Granulomas:

Other Specify:

☐ No Bronchoscopy

☐ Bronchoscopy Results normal

☐ Bronchoscopy Results, Abnormal-purulent secretions

**Left Lung Bronchoscopy:**

- ☐ **Bronchoscopy Results, Abnormal-aspiration of foreign body**
- ☐ **Bronchoscopy Results, Abnormal-blood**
- ☐ **Bronchoscopy Results, Abnormal-anatomy/other lesion**
- ☐ **Bronchoscopy Results, Unknown**
- ☐ **Unknown if bronchoscopy performed**

**Right Lung Bronchoscopy:**

- ☐ **No Bronchoscopy**
- ☐ **Bronchoscopy Results normal**
- ☐ **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**
- ☐ **Unknown if bronchoscopy performed**

**Chest X-ray:**

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

## **Organ Dispositions**

**Right Kidney**

Organ:

- ☐ **Consent Not Requested**
- ☐ **Consent Not Obtained**
- ☐ **Organ Not Recovered**
- ☐ **Recovered Not for Tx**
- ☐ **Recovered for TX but Not Tx**
- ☐ **Transplanted**
- ☐ **N/A**

**If DCD, date and time right kidney recovered/removed from donor:**

Date:

Time:  (military time)

Recipient:

SSN:

TX Center:

Reason Code:

Specify:

Reason organ not transplanted:

Specify:

Recovery Team#:

Initial Flush Solution:

Specify:

Back Table Flush Solution:

Specify:

Final Flush/Storage Solution:

Specify:

OPO sent vessels with organ:

Were extra vessels used in the transplant procedure:

Vessel Donor ID:

### Left Kidney

Organ:

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

**If DCD, date and time left kidney recovered/removed from donor:**

Date:

Time:  (military time)

Recipient:

SSN:

TX Center:



Reason Code:

Specify:

Reason organ not transplanted:

Specify:

Recovery Team#:

Initial Flush Solution:

Specify:

Back Table Flush Solution:

Specify:

Final Flush/Storage Solution:

Specify:

OPO sent vessels with organ:

Were extra vessels used in the transplant procedure:

Vessel Donor ID:

### Double En Bloc Kidney

Organ:

☐ Consent Not Requested

☐ Consent Not Obtained

☐ Organ Not Recovered

☐ Recovered Not for Tx

☐ Recovered for TX but Not Tx

☐ Transplanted

☐ N/A

**If DCD, date and time double/en-bloc kidney recovered/removed from donor:**

Date:

Time:  (military time)

Recipient:

SSN:

TX Center:

Reason Code:

Specify:

Reason organ not transplanted:

Specify:

Recovery Team#:

Initial Flush Solution:

Specify:

Back Table Flush Solution:

Specify:

Final Flush/Storage Solution:

Specify:

OPO sent vessels with organ:

Were extra vessels used in the transplant procedure:

Vessel Donor ID:

## Pancreas

Organ:

☐ Consent Not Requested

☐ Consent Not Obtained

☐ Organ Not Recovered

☐ Recovered Not for Tx

☐ Recovered for TX but Not Tx

☐ Transplanted

☐ N/A

**If DCD, date and time whole pancreas recovered/removed from donor:**

Date:

Time:  (military time)

Recipient:

SSN:

TX Center:

Reason Code:

Specify:

Reason organ not transplanted:

Specify:

Recovery Team#:

Initial Flush Solution:

Specify:

Back Table Flush Solution:

Specify:

Final Flush/Storage Solution:

Specify:

OPO sent vessels with organ:

Were extra vessels used in the transplant procedure:

Vessel Donor ID:

### Pancreas Segment 1

Organ:

☐ Consent Not Requested

☐ Consent Not Obtained

☐ Organ Not Recovered

☐ Recovered Not for Tx

☐ Recovered for TX but Not Tx

☐ Transplanted

☐ N/A

**If DCD, date, and time pancreas segment 1 recovered/removed from donor:**

Date:

Time:

(military time)

Recipient:

SSN:

TX Center:

Reason Code:

Specify:

Reason organ not transplanted:

Specify:

Recovery Team#:

Initial Flush Solution:

Specify:

Back Table Flush Solution:

Specify:

Final Flush/Storage Solution:

Specify:

OPO sent vessels with organ:

Were extra vessels used in the transplant

procedure:

Vessel Donor ID:

## Pancreas Segment 2

Organ:

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

**If DCD, date and time pancreas segment 2 recovered/removed from donor:**

Date:

Time:

(military time)

Recipient:

SSN:

TX Center:

Reason Code:

Specify:

Reason organ not transplanted:

Specify:

Recovery Team#:

Initial Flush Solution:

Specify:

Back Table Flush Solution:

Specify:

Final Flush/Storage Solution:

Specify:

OPO sent vessels with organ:

Were extra vessels used in the transplant procedure:

Vessel Donor ID:

## Liver

- ☐ Consent Not Requested

Organ:

- ☐ Consent Not Obtained
- ☐ Organ Not Recovered
- ☐ Recovered Not for Tx
- ☐ Recovered for TX but Not Tx
- ☐ Transplanted
- ☐ N/A

**If DCD, date and time whole liver recovered/removed from donor:**

Date:

Time:

(military time)

Recipient:

SSN:

TX Center:

Reason Code:

Specify:

Reason organ not transplanted:

Specify:

Recovery Team#:

Initial Flush Solution:

Specify:

Back Table Flush Solution:

Specify:

Final Flush/Storage Solution:

Specify:

OPO sent vessels with organ:

Were extra vessels used in the transplant procedure:

Vessel Donor ID:

### Liver Segment 1

Organ:

- ☐ Consent Not Requested
- ☐ Consent Not Obtained
- ☐ Organ Not Recovered
- ☐ Recovered Not for Tx
- ☐ Recovered for TX but Not Tx

☐ Transplanted

☐ N/A

**If DCD, date and time liver segment 1 recovered/removed from donor:**

Date:

Time:

(military time)

Recipient:

SSN:

TX Center:

Reason Code:

Specify:

Reason organ not transplanted:

Specify:

Recovery Team#:

Initial Flush Solution:

Specify:

Back Table Flush Solution:

Specify:

Final Flush/Storage Solution:

Specify:

OPO sent vessels with organ:

Were extra vessels used in the transplant procedure:

Vessel Donor ID:

## Liver Segment 2

☐ Consent Not Requested

☐ Consent Not Obtained

☐ Organ Not Recovered

☐ Recovered Not for Tx

☐ Recovered for TX but Not Tx

☐ Transplanted

☐ N/A

Organ:

**If DCD, date and time liver segment 2 recovered/removed from donor:**

Date:

Time:

(military time)

Recipient:

SSN:

TX Center:

Reason Code:

Specify:

Reason organ not transplanted:

Specify:

Recovery Team#:

Initial Flush Solution:

Specify:

Back Table Flush Solution:

Specify:

Final Flush/Storage Solution:

Specify:

OPO sent vessels with organ:

Were extra vessels used in the transplant procedure:

Vessel Donor ID:

## Intestine

Organ:

☐ Consent Not Requested

☐ Consent Not Obtained

☐ Organ Not Recovered

☐ Recovered Not for Tx

☐ Recovered for TX but Not Tx

☐ Transplanted

☐ N/A

**If DCD, date and time whole intestine recovered/removed from donor:**

Date:

Time:  (military time)

Recipient:

SSN:

TX Center:

Reason Code:

Specify:

Reason organ not transplanted:

Specify:

Recovery Team#:

Initial Flush Solution:

Specify:

Back Table Flush Solution:

Specify:

Final Flush/Storage Solution:

Specify:

OPO sent vessels with organ:

Were extra vessels used in the transplant procedure:

Vessel Donor ID:

### Intestine Segment 1

Organ:

☐ Consent Not Requested

☐ Consent Not Obtained

☐ Organ Not Recovered

☐ Recovered Not for Tx

☐ Recovered for TX but Not Tx

☐ Transplanted

☐ N/A

**If DCD, date and time intestine segment 1 recovered/removed from donor:**

Date:

Time:  (military time)

Recipient:

SSN:

TX Center:

Reason Code:

Specify:

Reason organ not transplanted:

Specify:

Recovery Team#:

Initial Flush Solution:



Specify:

Back Table Flush Solution:

Specify:

Final Flush/Storage Solution:

Specify:

OPO sent vessels with organ:

Were extra vessels used in the transplant procedure:

Vessel Donor ID:

## Intestine Segment 2

Organ:

☐ Consent Not Requested

☐ Consent Not Obtained

☐ Organ Not Recovered

☐ Recovered Not for Tx

☐ Recovered for TX but Not Tx

☐ Transplanted

☐ N/A

**If DCD, date and time intestine segment 2 recovered/removed from donor:**

Date:

Time:  (military time)

Recipient:

SSN:

TX Center:

Reason Code:

Specify:

Reason organ not transplanted:

Specify:

Recovery Team#:

Initial Flush Solution:

Specify:

Back Table Flush Solution:

Specify:

Final Flush/Storage Solution:

Specify:

OPO sent vessels with organ:

Were extra vessels used in the transplant procedure:

Vessel Donor ID:

## Heart

Organ:

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

**If DCD, date and time heart recovered/removed from donor:**

Date:

Time:

(military time)

Recipient:

SSN:

TX Center:

Reason Code:

Specify:

Reason organ not transplanted:

Specify:

Recovery Team#:

Initial Flush Solution:

Specify:

Back Table Flush Solution:

Specify:

Final Flush/Storage Solution:

Specify:

OPO sent vessels with organ:

Were extra vessels used in the transplant procedure:

Vessel Donor ID:

## Left Lung

Organ:

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

**If DCD, date and time left lung recovered/removed from donor:**

Date:

Time:

(military time)

Recipient:

SSN:

TX Center:

Reason Code:

Specify:

Reason organ not transplanted:

Specify:

Recovery Team#:

Initial Flush Solution:

Specify:

Back Table Flush Solution:

Specify:

Final Flush/Storage Solution:

Specify:

OPO sent vessels with organ:

Were extra vessels used in the transplant procedure:

Vessel Donor ID:

## Right Lung

Organ:

- ☐ Consent Not Requested
- ☐ Consent Not Obtained
- ☐ Organ Not Recovered

- ☐ Recovered Not for Tx
- ☐ Recovered for TX but Not Tx
- ☐ Transplanted
- ☐ N/A

**If DCD, date and time right lung recovered/removed from donor:**

Date:

Time:

(military time)

Recipient:

SSN:

TX Center:

Reason Code:

Specify:

Reason organ not transplanted:

Specify:

Recovery Team#:

Initial Flush Solution:

Specify:

Back Table Flush Solution:

Specify:

Final Flush/Storage Solution:

Specify:

OPO sent vessels with organ:

Were extra vessels used in the transplant procedure:

Vessel Donor ID:

## Double Lung

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

Organ:

**If DCD, date and time double/en-bloc lung recovered/removed from donor:**

Date:

Time:  (military time)

Recipient:

SSN:

TX Center:

Reason Code:

Specify:

Reason organ not transplanted:

Specify:

Recovery Team#:

Initial Flush Solution:

Specify:

Back Table Flush Solution:

Specify:

Final Flush/Storage Solution:

Specify:

OPO sent vessels with organ:

Were extra vessels used in the transplant procedure:

Vessel Donor ID: