

Deceased Donor Registration Worksheet

FORM APPROVED: O.M.B. NO. 0915-0157 Expiration Date: 08/31/2023

Note: These worksheets are provided to function as a guide to what data will be required in the online TIEDI® 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® 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: *	<input type="text"/>	
Recovered Outside the U.S.: *	<input type="radio"/> YES <input type="radio"/> NO	
Country:	<input type="text"/>	
Last Name: *	First Name: *	MI:
<input type="text"/>	<input type="text"/>	<input type="text"/>
DOB:	<input type="text"/>	
Age:	<input type="text"/>	<input type="radio"/> Months <input type="radio"/> Years
Gender: *	<input type="radio"/> Male <input type="radio"/> Female	
Home City: *	State:	Zip Code:
<input type="text"/>	<input type="text"/>	<input type="text"/> - <input type="text"/>
Ethnicity/Race: *		
American Indian or Alaska Native <input type="checkbox"/> American Indian <input type="checkbox"/> Eskimo <input type="checkbox"/> Aleutian <input type="checkbox"/> Alaska Indian <input type="checkbox"/> American Indian or Alaska Native: Other <input type="checkbox"/> American Indian or Alaska Native: Not Specified/Unknown	Asian <input type="checkbox"/> Asian Indian/Indian Sub-Continent <input type="checkbox"/> Chinese <input type="checkbox"/> Filipino <input type="checkbox"/> Japanese <input type="checkbox"/> Korean <input type="checkbox"/> Vietnamese <input type="checkbox"/> Asian: Other <input type="checkbox"/> Asian: Not Specified/Unknown	Hispanic/Latino <input type="checkbox"/> Mexican <input type="checkbox"/> Puerto Rican (Mainland) <input type="checkbox"/> Puerto Rican (Island) <input type="checkbox"/> Cuban <input type="checkbox"/> Hispanic/Latino: Other <input type="checkbox"/> Hispanic/Latino: Not Specified/Unknown
Black or African American <input type="checkbox"/> African American <input type="checkbox"/> African (Continental) <input type="checkbox"/> West Indian <input type="checkbox"/> Haitian <input type="checkbox"/> Black or African American: Other <input type="checkbox"/> Black or African American: Not Specified/Unknown	White <input type="checkbox"/> European Descent <input type="checkbox"/> Arab or Middle Eastern <input type="checkbox"/> North African (non-Black) <input type="checkbox"/> White: Other <input type="checkbox"/> White: Not Specified/Unknown	Native Hawaiian or Other Pacific Islander <input type="checkbox"/> Native Hawaiian <input type="checkbox"/> Guamanian or Chamorro <input type="checkbox"/> Samoan <input type="checkbox"/> Native Hawaiian or Other Pacific Islander: Other <input type="checkbox"/> Native Hawaiian or Other Pacific Islander: Not Specified/Unknown
Citizenship: *		
<input type="radio"/> US Citizen <input type="radio"/> Non-US Citizen/US Resident <input type="radio"/> Non-US Citizen/Non-US Resident <input type="radio"/> Unknown		
Home Country:	<input type="text"/>	
Cause of Death: *		
<input type="radio"/> ANOXIA <input type="radio"/> CEREBROVASCULAR/STROKE <input type="radio"/> HEAD TRAUMA <input type="radio"/> CNS TUMOR <input type="radio"/> OTHER SPECIFY		
Specify:	<input type="text"/>	

Mechanism of Death:*

- DROWNING
- SEIZURE
- ASPHYXIATION
- ELECTRICAL
- STAB
- SIDS
- DEATH FROM NATURAL CAUSES
- DRUG INTOXICATION
- CARDIOVASCULAR
- GUNSHOT WOUND
- BLUNT INJURY
- INTRACRANIAL HEMORRHAGE/STROKE
- NONE OF THE ABOVE
- MVA
- SUICIDE

Circumstances of Death:*

- HOMICIDE
- CHILD-ABUSE
- Accident, Non-MVA
- DEATH FROM NATURAL CAUSES
- NONE OF THE ABOVE

Procurement and Authorization

Medical Examiner/Coroner:*

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

Was the patient declared legally brain dead:*

- YES NO

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

- YES NO

If Yes, Duration of Resuscitation:

min

ST=

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

Advanced Directive

Other Specify

Was the authorization 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 authorization 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:

Protein in Urine:*

- YES NO UNK

Serum Sodium:*

mEq/L

ST=

BUN:*

mg/dl

ST=

Serum Creatinine:*

mg/dl

ST=

Total Bilirubin: *	<input type="text"/> mg/dl	ST= <input type="checkbox"/>
SGOT/AST: *	<input type="text"/> u/L	ST= <input type="checkbox"/>
SGPT/ALT: *	<input type="text"/> u/L	ST= <input type="checkbox"/>
INR: *	<input type="text"/>	ST= <input type="checkbox"/>
Hematocrit: *	<input type="text"/> %	ST= <input type="checkbox"/>
Pancreas (PA Donors Only):		
Serum Lipase: *	<input type="text"/> u/L	ST= <input type="checkbox"/>
Serum Amylase: *	<input type="text"/> u/L	ST= <input type="checkbox"/>
HbA1c: *	<input type="text"/> %	ST= <input type="checkbox"/>

Serology:

	<input type="radio"/> Positive
	<input type="radio"/> Negative
HIV Serology Results: *	<input type="radio"/> Not Done
	<input type="radio"/> Indeterminate
	<input type="radio"/> Positive
	<input type="radio"/> Negative
HIV Ag/Ab Combo Results: *	<input type="radio"/> Not Done
	<input type="radio"/> Indeterminate
	<input type="radio"/> Positive
	<input type="radio"/> Negative
HTLV Serology Results: *	<input type="radio"/> Not Done
	<input type="radio"/> Indeterminate
	<input type="radio"/> Positive
	<input type="radio"/> Negative
Syphilis Serology Results: *	<input type="radio"/> Not Done
	<input type="radio"/> Indeterminate
	<input type="radio"/> Positive
	<input type="radio"/> Negative
Anti-CMV Serology Results: *	<input type="radio"/> Not Done
	<input type="radio"/> Indeterminate
	<input type="radio"/> Positive
	<input type="radio"/> Negative
HBsAg Serology Results: *	<input type="radio"/> Not Done
	<input type="radio"/> Indeterminate
	<input type="radio"/> Positive
	<input type="radio"/> Negative
HBcAb Serology Results: *	<input type="radio"/> Not Done
	<input type="radio"/> Indeterminate
	<input type="radio"/> Positive
	<input type="radio"/> Negative
HCV Serology Results: *	<input type="radio"/> Not Done
	<input type="radio"/> Indeterminate
	<input type="radio"/> Positive
	<input type="radio"/> Negative
HBsAb Serology Results: *	<input type="radio"/> Not Done
	<input type="radio"/> Indeterminate

EBV (VCA) (IgG) Serology Results:*	<input type="radio"/> Positive <input type="radio"/> Negative <input type="radio"/> Not Done <input type="radio"/> Indeterminate
EBV (VCA) (IgM) Serology Results: *	<input type="radio"/> Positive <input type="radio"/> Negative <input type="radio"/> Not Done <input type="radio"/> Indeterminate
EBNA Serology Results: *	<input type="radio"/> Positive <input type="radio"/> Negative <input type="radio"/> Not Done <input type="radio"/> Indeterminate
Chagas Serology Results: *	<input type="radio"/> Positive <input type="radio"/> Negative <input type="radio"/> Not Done <input type="radio"/> Indeterminate
West Nile Serology Results: *	<input type="radio"/> Positive <input type="radio"/> Negative <input type="radio"/> Not Done <input type="radio"/> Indeterminate
Toxoplasma (IgG) Results*	<input type="radio"/> Positive <input type="radio"/> Negative <input type="radio"/> Not Done <input type="radio"/> Indeterminate
Strongyloides: *	<input type="radio"/> Positive <input type="radio"/> Negative <input type="radio"/> Not Done <input type="radio"/> Indeterminate
NAT Results:	
HIV NAT Results: *	<input type="radio"/> Positive <input type="radio"/> Negative <input type="radio"/> Not Done <input type="radio"/> Indeterminate
HBV NAT Results: *	<input type="radio"/> Positive <input type="radio"/> Negative <input type="radio"/> Not Done <input type="radio"/> Indeterminate
HCV NAT Results: *	<input type="radio"/> Positive <input type="radio"/> Negative <input type="radio"/> Not Done <input type="radio"/> Indeterminate
HTLV NAT Results: *	<input type="radio"/> Positive <input type="radio"/> Negative <input type="radio"/> Not Done <input type="radio"/> Indeterminate

Chagas NAT Results:*

- Positive
- Negative
- Not Done
- Indeterminate

West Nile NAT Results:*

- Positive
- Negative
- 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

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
- Neosynephrine
- Isoproterenol (Isuprel)
- Other, specify

Specify:

Medication:

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

Specify:

Medication:

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

Specify:

Number of transfusions during this (terminal) hospitalization:*

NONE
 1 - 5
 6 - 10
 GREATER THAN 10
 UNKNOWN

Clinical Infection Confirmed by Culture:*

YES NO UNK

Source

Blood
 Lung
 Urine
 Other

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

History of Diabetes:*

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

Insulin Dependent:

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

- Astrocytoma
- Medulloblastoma
- Glioblastoma Multiforme
- Neuroblastoma
- Meningioma
- Malignant Meningioma
- Benign Angioblastoma
- Unknown
- Other specify

Type (for Intracranial):

Other Specify:

Extracranial:

YES NO UNK

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

Type (for Extracranial):

Other Specify:

Skin:

YES NO UNK

- Squamous Cell
- Basal Cell
- Melanoma
- Unknown
- Other specify

Type (for Skin):

Other Specify:

Chagas History:*

YES NO UNK

TB History:*

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:

If Yes (Controlled and legally declared brain dead) Measures Between Withdrawal of Support and Circulatory Standstill. Provide Serial Data Every 5 Minutes Between Withdrawal of Support and Start of Agonal Phase, and Every 1 Minute Between Start of Agonal Phase and Circulatory Standstill.

If Yes (Controlled and NOT legally declared brain dead) Measures Between Withdrawal of Support and Circulatory Death. Provide Serial Data Every 5 Minutes Between Withdrawal of Support and Start of Agonal Phase, and Every 1 Minute Between Start of Agonal Phase and Circulatory Death.

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

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=

If No, Was this an authorized DCD donor that progressed to brain death?

YES NO

Clamp Date:

Clamp Time: (Military Time)

ST=

Eastern

Central

Mountain

Pacific

Alaska

Hawaii

Atlantic

Clamp Time Zone:

All Donors Cardiac and Pulmonary Function:

History of previous MI:

YES NO UNK

LV ejection fraction (%):

ST=

Echo

Method:

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

Heart machine perfusion:

YES NO

No

Coronary Angiogram:

Yes, normal

Yes, not normal

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

0 1 2 3 Unknown

Pulmonary Measurements:

ABG Results

Blood pH:	<input type="text"/>	ST= <input type="checkbox"/>
PCO₂:*	<input type="text"/> mmHg	ST= <input type="checkbox"/>
PO₂:	<input type="text"/> mmHg	ST= <input type="checkbox"/>
PEEP:	<input type="text"/> mm/Hg	ST= <input type="checkbox"/>
FiO₂:*	<input type="text"/>	ST= <input type="checkbox"/>

Ventilator mode:

A/C

CMV

SIMV

PRVC

APRV

HFOV

Other specify

Specify:

Was a pulmonary artery catheter placed: YES NO

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

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

NO

YES, MYOCARDITIS

YES, NEGATIVE BIOPSY RESULT

YES, OTHER DIAGNOSIS SPECIFY

Biopsy (heart donors only):

Other Diagnosis /Specify:

Any Extracorporeal Support Given (ECMO, etc.): YES NO

How Long? hrs ST=

Flow rate: L/min ST=

Left Kidney Biopsy: YES NO

Type of biopsy:

Needle

Wedge

Other specify

Specify:

Interstitial Fibrosis:

Absent

Minimal

Mild

Mild-moderate

Severe

Unknown

Vascular changes: Absent
 Minimal
 Mild
 Mild-moderate
 Severe
 Unknown

Number of Glomeruli visualized ST=

Glomerulosclerosis %: 0-5
 6-10
 11-15
 16-20
 20+
 Indeterminate

Pump: YES NO
 ORS:LifePort
Type of Left Kidney Pump/Machine: Waters:RM3
 Waters:Waves
 Other specify

Specify:
Final Resistance Prior to Shipping: ST=

Transferred to transplant center on pump: YES NO

Right Kidney Biopsy: YES NO

Type of biopsy: Needle
 Wedge
 Other specify

Specify:

Interstitial Fibrosis: Absent
 Minimal
 Mild
 Mild-moderate
 Severe
 Unknown

Vascular changes: Absent
 Minimal
 Mild
 Mild-moderate
 Severe
 Unknown

Number of Glomeruli visualized ST=

Glomerulosclerosis %: 0-5
 6-10
 11-15
 16-20
 20+
 Indeterminate

Pump: YES NO

Type of Right Kidney Pump/Machine:

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

Specify:

Final Resistance Prior to Shipping:

ST=

Transferred to transplant center on pump:

- YES NO

Liver Biopsy:

- YES NO

Type of Liver Biopsy

- Core
- Wedge
- Other specify

Specify:

Fibrosis:

- No Fibrosis
- Fibrosis expansion of some portal areas, with or without short fibrous septa
- Fibrosis expansion of most portal areas, with or without short fibrous septa
- Fibrosis expansion of most portal areas, with occasional portal to portal bridging
- Fibrosis expansion of portal areas, with marked bridging (portal to portal as well as portal to central)
- Marked bridging with occasional nodules (incomplete cirrhosis)
- Cirrhosis, probable or definite
- None Noted
- Mild, some or all portal areas

Portal Infiltrates:

- Moderate, some or all portal areas
- Moderate/Marked
- Marked, all portal areas

% Macro vesicular fat:

 %

ST=

% Micro/intermediate vesicular fat:

 %

ST=

Liver Machine Perfusion: *

- YES NO

Type of Liver Machine Perfusion:

- Normothermic
- Hypothermic
- Other/Specify

Specify:

Left 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

Left Lung Machine Perfusion Intended or Performed:

- YES NO

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

Right Lung Machine Perfusion Intended or Performed:

- YES NO

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:

- Authorization Not Requested
- Authorization 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#:

[Provider Lookup](#)

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

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

Organ:

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#:

[Provider LookUp](#)

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:

Dual En Bloc Kidney

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

Organ:

If DCD, date and time dual/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#:

[Provider LookUp](#)

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:
- Authorization Not Requested
 - Authorization 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#: [Provider LookUp](#)

Initial Flush Solution:

Specify:

Initial Flush Solution Volume: * ST=

Back Table Flush Solution:

Specify:

Back Table Flush Solution Volume: * ST=

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:
- Authorization Not Requested
 - Authorization 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#:

[Provider LookUp](#)

Initial Flush Solution:

Specify:

Initial Flush Solution Volume: *

ST=

Back Table Flush Solution:

Specify:

Back Table Flush Solution Volume: *

ST=

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:

- Authorization Not Requested
- Authorization 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#:

[Provider LookUp](#)

Initial Flush Solution:

Specify:

Initial Flush Solution Volume: *

ST=

Back Table Flush Solution:

Specify:

Back Table Flush Solution Volume: *

ST=

Final Flush/Storage Solution:

Specify:

OPO sent vessels with organ:

Were extra vessels used in the transplant procedure:

Vessel Donor ID:

Liver

Organ:

- Authorization Not Requested
- Authorization 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#:

[Provider LookUp](#)

Initial Flush Solution:

Specify:

Initial Flush Solution Volume: *

ST=

Back Table Flush Solution:

Specify:

Back Table Flush Solution Volume: *

ST=

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:

- Authorization Not Requested
- Authorization 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#:

[Provider LookUp](#)

Initial Flush Solution:

Specify:

Initial Flush Solution Volume: *

ST=

Back Table Flush Solution:

Specify:

Back Table Flush Solution Volume: *

ST=

Final Flush/Storage Solution:

Specify:

OPO sent vessels with organ:

Were extra vessels used in the transplant procedure:

Vessel Donor ID:

Liver Segment 2

Organ:

- Authorization Not Requested
- Authorization 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 2 recovered/removed from donor:

Date:

Time:

(military time)

Recipient:

SSN:

TX Center:

Reason Code:

Specify:

Reason organ not transplanted:

Specify:

Recovery Team#:

[Provider LookUp](#)

Initial Flush Solution:

Specify:

Initial Flush Solution Volume: *

ST=

Back Table Flush Solution:

Specify:

Back Table Flush Solution Volume: *

ST=

Final Flush/Storage Solution:

Specify:

OPO sent vessels with organ:

Were extra vessels used in the transplant procedure:

Vessel Donor ID:

Intestine

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

Organ:

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#:

[Provider LookUp](#)

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

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

Organ:

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#:

[Provider LookUp](#)

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:
- Authorization Not Requested
 - Authorization 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#:

[Provider LookUp](#)

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:
- Authorization Not Requested
 - Authorization 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#:

[Provider LookUp](#)

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

Authorization Not Requested

Authorization Not Obtained

Organ Not Recovered

Organ:

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#:

[Provider LookUp](#)

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

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

Organ:

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#:

[Provider LookUp](#)

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

- Authorization Not Requested
- Authorization 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#:

[Provider LookUp](#)

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:

