Deceased Donor Registration Worksheet

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 those 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.

<table>
<thead>
<tr>
<th>Donor ID:</th>
</tr>
</thead>
</table>

## Donor Information

<table>
<thead>
<tr>
<th>OPO:</th>
<th></th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Donor Hospital:</th>
<th></th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Referral Date:</th>
<th></th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Recovered Outside the U.S.:</th>
<th>YES</th>
<th>NO</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Country:</th>
<th></th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Last Name:</th>
<th>First Name:</th>
<th>MI:</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>DOB:</th>
<th>Age:</th>
<th>Months</th>
<th>Years</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Gender:</th>
<th>Male</th>
<th>Female</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Home City:</th>
<th>State:</th>
<th>Zip Code:</th>
</tr>
</thead>
</table>

## 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
- 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

**Citizenship:**
- US Citizen
- Non-US Citizen/US Resident
- Non-US Citizen/Non-US Resident
- Unknown

<table>
<thead>
<tr>
<th>Home Country:</th>
<th></th>
</tr>
</thead>
</table>

## Cause of Death:

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

Specify:  |
| Mechanism of Death: | • 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: | • MVA  
|                   | • SUICIDE  
|                   | • HOMICIDE  
|                   | • CHILD-ABUSE  
|                   | • Accident, Non-MVA  
|                   | • DEATH FROM NATURAL CAUSES  
|                   | • NONE OF THE ABOVE  

| Procurement and Authorization | • 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  
| • 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:  | • YES  
|                   | • NO  
|                   | • UNK  
| Protein in Urine:  |  
| Serum Sodium:  |  mEq/L  ST=  
| BUN:  |  mg/dl  ST=  
| Serum Creatinine:  |  mg/dl  ST=  

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<table>
<thead>
<tr>
<th>Test</th>
<th>Value</th>
<th>Status</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total Bilirubin:</td>
<td>□ mg/dl</td>
<td></td>
</tr>
<tr>
<td>SGOT/AST:</td>
<td>□ u/L</td>
<td></td>
</tr>
<tr>
<td>SGPT/ALT:</td>
<td>□ u/L</td>
<td></td>
</tr>
<tr>
<td>INR:</td>
<td>□ %</td>
<td></td>
</tr>
<tr>
<td>Hematocrit:</td>
<td>□ %</td>
<td></td>
</tr>
<tr>
<td>Pancreas (PA Donors Only):</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Serum Lipase:</td>
<td>□ u/L</td>
<td></td>
</tr>
<tr>
<td>Serum Amylase:</td>
<td>□ u/L</td>
<td></td>
</tr>
<tr>
<td>HbA1c:</td>
<td>□ %</td>
<td></td>
</tr>
<tr>
<td>HIV Serology Results:</td>
<td>Positive</td>
<td></td>
</tr>
<tr>
<td>HIV Ag/Ab Combo Results:</td>
<td>Positive</td>
<td></td>
</tr>
<tr>
<td>HTLV Serology Results:</td>
<td>Positive</td>
<td></td>
</tr>
<tr>
<td>Syphilis Serology Results:</td>
<td>Positive</td>
<td></td>
</tr>
<tr>
<td>Anti-CMV Serology Results:</td>
<td>Positive</td>
<td></td>
</tr>
<tr>
<td>HBsAg Serology Results:</td>
<td>Positive</td>
<td></td>
</tr>
<tr>
<td>HbcAb Serology Results:</td>
<td>Positive</td>
<td></td>
</tr>
<tr>
<td>HCV Serology Results:</td>
<td>Positive</td>
<td></td>
</tr>
<tr>
<td>HBsAb Serology Results:</td>
<td>Positive</td>
<td></td>
</tr>
<tr>
<td>Test</td>
<td>Positive</td>
<td>Negative</td>
</tr>
<tr>
<td>----------------------------</td>
<td>----------</td>
<td>----------</td>
</tr>
<tr>
<td>EBV (VCA) (IgG) Serology</td>
<td></td>
<td></td>
</tr>
<tr>
<td>EBV (VCA) (IgM) Serology</td>
<td></td>
<td></td>
</tr>
<tr>
<td>EBNA Serology</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Chagas Serology</td>
<td></td>
<td></td>
</tr>
<tr>
<td>West Nile Serology</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Toxoplasma (IgG) Results</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Strongyloides</td>
<td></td>
<td></td>
</tr>
<tr>
<td>NAT Results:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>HIV NAT Results</td>
<td></td>
<td></td>
</tr>
<tr>
<td>HBV NAT Results</td>
<td></td>
<td></td>
</tr>
<tr>
<td>HCV NAT Results</td>
<td></td>
<td></td>
</tr>
<tr>
<td>HTLV NAT Results</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Chagas NAT Results:</td>
<td>Positive</td>
<td>Negative</td>
</tr>
<tr>
<td>--------------------</td>
<td>----------</td>
<td>----------</td>
</tr>
<tr>
<td>West Nile NAT Results:</td>
<td>Positive</td>
<td>Negative</td>
</tr>
</tbody>
</table>

**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:**

**Inotropic Medications at Time of Cross Clamp:**

- **Medication:**
  - YES
  - NO
  - UNK

  - Specify:

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

- **Medication:**

  - Specify:

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

- **Medication:**

  - Specify:

  - Dopamine
  - Dobutamine
  - Epinephrine
  - Levophed
  - Neosynephrine
  - Isoproterenol (Isuprel)
  - Other, specify
<table>
<thead>
<tr>
<th>Number of transfusions during this (terminal) hospitalization:</th>
</tr>
</thead>
<tbody>
<tr>
<td>NONE</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Clinical Infection Confirmed by Culture:</th>
</tr>
</thead>
<tbody>
<tr>
<td>YES</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Source</th>
</tr>
</thead>
<tbody>
<tr>
<td>Blood</td>
</tr>
<tr>
<td>Lung</td>
</tr>
<tr>
<td>Urine</td>
</tr>
<tr>
<td>Other</td>
</tr>
</tbody>
</table>

Other, specify: [ ]

<table>
<thead>
<tr>
<th>Lifestyle Factors</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cigarette Use (&gt; 20 pack years) - Ever:</td>
</tr>
<tr>
<td>YES</td>
</tr>
</tbody>
</table>

AND continued in last six months: [ ]

Cocaine Use - Ever: [ ]

AND continued in last six months: [ ]

Other Drug Use (non - IV) - Ever: [ ]

AND continued in last six months: [ ]

Heavy Alcohol Use (heavy= 2+ drinks/day): [ ]

Tattoos: [ ]

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

<table>
<thead>
<tr>
<th>History of Diabetes:</th>
</tr>
</thead>
<tbody>
<tr>
<td>NO</td>
</tr>
<tr>
<td>YES, 0-5 YEARS</td>
</tr>
<tr>
<td>YES, 6-10 YEARS</td>
</tr>
<tr>
<td>YES, &gt;10 YEARS</td>
</tr>
<tr>
<td>YES, DURATION UNKNOWN</td>
</tr>
<tr>
<td>UNKNOWN</td>
</tr>
</tbody>
</table>

Insulin Dependent: [ ]

<table>
<thead>
<tr>
<th>History of Hypertension:</th>
</tr>
</thead>
<tbody>
<tr>
<td>NO</td>
</tr>
<tr>
<td>YES, 0-5 YEARS</td>
</tr>
<tr>
<td>YES, 6-10 YEARS</td>
</tr>
<tr>
<td>YES, &gt;10 YEARS</td>
</tr>
<tr>
<td>YES, DURATION UNKNOWN</td>
</tr>
<tr>
<td>UNKNOWN</td>
</tr>
</tbody>
</table>

If yes, method of control: [ ]

Diet: [ ]

Diuretics: [ ]

Other anti-hypertensive medication: [ ]
<table>
<thead>
<tr>
<th>History of Cancer:</th>
<th>Specify:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cancer Free Interval:</td>
<td>Specify:</td>
</tr>
<tr>
<td>Cancer at time of procurement:</td>
<td>Specify:</td>
</tr>
<tr>
<td>Intracranial:</td>
<td>Specify:</td>
</tr>
<tr>
<td>Type (for Intracranial):</td>
<td>Specify:</td>
</tr>
<tr>
<td>Other Specify:</td>
<td>Specify:</td>
</tr>
<tr>
<td>Extracranial:</td>
<td>Specify:</td>
</tr>
<tr>
<td>Type (for Extracranial):</td>
<td>Specify:</td>
</tr>
<tr>
<td>Other Specify:</td>
<td>Specify:</td>
</tr>
<tr>
<td>Skin:</td>
<td>Specify:</td>
</tr>
<tr>
<td>Type (for Skin):</td>
<td>Specify:</td>
</tr>
<tr>
<td>Other Specify:</td>
<td>Specify:</td>
</tr>
<tr>
<td>Chagas History:</td>
<td>Specify:</td>
</tr>
<tr>
<td>TB History:</td>
<td>Specify:</td>
</tr>
<tr>
<td>Organ Recovery</td>
<td>Recovery Date (donor to OR):</td>
</tr>
<tr>
<td>Was this donor recovered under DCD protocol:</td>
<td>Specify:</td>
</tr>
</tbody>
</table>
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.

<table>
<thead>
<tr>
<th>Date:</th>
<th>Time (military time):</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Systolic blood pressure: ____________  
Diastolic blood pressure: ____________  
Mean arterial pressure: ____________  
O2 saturation: ____________

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= ____________

Clamp Time Zone:  
- Eastern  
- Central  
- Mountain  
- Pacific  
- Alaska  
- Hawaii  
- Atlantic

All Donors Cardiac and Pulmonary Function:

History of previous MI:  

| YES | NO | UNK |

LV ejection fraction (%): ____________  
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

Heart machine perfusion:  
- YES  
- NO

Coronary Angiogram:  
- No
- Yes, normal  
- Yes, not normal

If Abnormal, # of Vessels with > 50% Stenosis:  
- 0  
- 1  
- 2  
- 3  
- Unknown

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### Pulmonary Measurements:

#### ABG Results

<table>
<thead>
<tr>
<th>Parameter</th>
<th>Initial</th>
<th>Final</th>
</tr>
</thead>
<tbody>
<tr>
<td>Blood pH</td>
<td>ST=</td>
<td>ST=</td>
</tr>
<tr>
<td>PCO₂</td>
<td>ST=</td>
<td>ST=</td>
</tr>
<tr>
<td>PO₂</td>
<td>ST=</td>
<td>ST=</td>
</tr>
<tr>
<td>PEEP</td>
<td>ST=</td>
<td>ST=</td>
</tr>
</tbody>
</table>

| FIO₂      | ST=     | ST=   |

#### Ventilator mode:
- A/C
- CMV
- SIMV
- PRVC
- APRV
- HFOV
- Other specify

#### Other specify:

Was a pulmonary artery catheter placed:
- YES
- NO

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

<table>
<thead>
<tr>
<th>Parameter</th>
<th>Initial</th>
<th>Final</th>
</tr>
</thead>
<tbody>
<tr>
<td>MAP (mmHg)</td>
<td>ST=</td>
<td>ST=</td>
</tr>
<tr>
<td>CVP (mmHg)</td>
<td>ST=</td>
<td>ST=</td>
</tr>
<tr>
<td>PCWP (mmHg)</td>
<td>ST=</td>
<td>ST=</td>
</tr>
<tr>
<td>SVR: (dynes/sec/cm)^5</td>
<td>ST=</td>
<td>ST=</td>
</tr>
<tr>
<td>PA Systolic (mmHg)</td>
<td>ST=</td>
<td>ST=</td>
</tr>
<tr>
<td>PA Diastolic (mmHg)</td>
<td>ST=</td>
<td>ST=</td>
</tr>
<tr>
<td>CO (L/min)</td>
<td>ST=</td>
<td>ST=</td>
</tr>
<tr>
<td>Cardiac Index (L/min/sq.m)</td>
<td>ST=</td>
<td>ST=</td>
</tr>
</tbody>
</table>

Biopsy (heart donors only):
- NO
- YES, MYOCARDITIS
- YES, NEGATIVE BIOPSY RESULT
- YES, OTHER DIAGNOSIS SPECIFY

Other Diagnosis /Specify:

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

<table>
<thead>
<tr>
<th>How Long?</th>
<th>ST=</th>
</tr>
</thead>
<tbody>
<tr>
<td>hrs</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Flow rate</th>
<th>ST=</th>
</tr>
</thead>
<tbody>
<tr>
<td>L/min</td>
<td></td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>ST</th>
<th></th>
</tr>
</thead>
</table>

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

### Pump
- **YES**
- **NO**

#### Type of Left Kidney Pump/Machine
- **ORS:** LifePort
- **Waters:** RM3
- **Waters:** Waves
- **Other specify**

#### Specify:

### Final Resistance Prior to Shipping

<table>
<thead>
<tr>
<th>ST</th>
<th></th>
</tr>
</thead>
</table>

### 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

<table>
<thead>
<tr>
<th>ST</th>
<th></th>
</tr>
</thead>
</table>

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

### Pump
- **YES**
- **NO**
<table>
<thead>
<tr>
<th><strong>Type of Right Kidney Pump/Machine:</strong></th>
<th>ORS:LifePort, Waters:RM3, Waters:Waves, Other specify</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Specify:</strong></td>
<td></td>
</tr>
<tr>
<td><strong>Final Resistance Prior to Shipping:</strong></td>
<td>ST=</td>
</tr>
<tr>
<td><strong>Transferred to transplant center on pump:</strong></td>
<td>YES NO</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>Liver Biopsy:</strong></th>
<th>YES NO</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Type of Liver Biopsy</strong></td>
<td>Core, Wedge, Other specify</td>
</tr>
<tr>
<td><strong>Specify:</strong></td>
<td></td>
</tr>
<tr>
<td><strong>Fibrosis:</strong></td>
<td>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</td>
</tr>
<tr>
<td><strong>Portal Infiltrates:</strong></td>
<td>None Noted, Mild, some or all portal areas, Moderate, some or all portal areas, Moderate/Marked, Marked, all portal areas</td>
</tr>
<tr>
<td><strong>Macrosteatosis %:</strong></td>
<td>% ST=</td>
</tr>
<tr>
<td><strong>% Micro/intermediate vesicular fat:</strong></td>
<td>% ST=</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>Liver Machine Perfusion:</strong></th>
<th>YES NO</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Type of Liver Machine Perfusion:</strong></td>
<td>Normothermic, Hypothermic, Other/Specify</td>
</tr>
<tr>
<td><strong>Specify:</strong></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>Left Lung Bronchoscopy:</strong></th>
<th>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</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Left Lung Machine Perfusion Intended or Performed:</strong></td>
<td>YES NO</td>
</tr>
</tbody>
</table>

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### 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
- **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#:** Specify:
- **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
<table>
<thead>
<tr>
<th>Organ:</th>
<th>Authorization Not Requested</th>
<th>Authorization Not Obtained</th>
<th>Organ Not Recovered</th>
<th>Recovered Not for Tx</th>
<th>Recovered for TX but Not Tx</th>
<th>Transplanted</th>
<th>N/A</th>
</tr>
</thead>
</table>

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

<table>
<thead>
<tr>
<th>Date:</th>
<th>Time: (military time)</th>
</tr>
</thead>
</table>

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:

---

<table>
<thead>
<tr>
<th>Organ:</th>
<th>Authorization Not Requested</th>
<th>Authorization Not Obtained</th>
<th>Organ Not Recovered</th>
<th>Recovered Not for Tx</th>
<th>Recovered for TX but Not Tx</th>
<th>Transplanted</th>
<th>N/A</th>
</tr>
</thead>
</table>

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

<table>
<thead>
<tr>
<th>Date</th>
<th>Time</th>
</tr>
</thead>
</table>

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:

<table>
<thead>
<tr>
<th>Date</th>
<th>Time</th>
</tr>
</thead>
</table>

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#: ____________

Initial Flush Solution:
- Specify: ____________
- Initial Flush Solution Volume: ____________

Back Table Flush Solution:
- Specify: ____________
- Back Table Flush Solution Volume: ____________

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:

<table>
<thead>
<tr>
<th>Date:</th>
<th>Time: (military time)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Organ:</th>
<th>(Authorization Not Requested)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>(Authorization Not Obtained)</td>
</tr>
<tr>
<td></td>
<td>(Organ Not Recovered)</td>
</tr>
<tr>
<td></td>
<td>(Recovered Not for Tx)</td>
</tr>
<tr>
<td></td>
<td>(Recovered for TX but Not Tx)</td>
</tr>
<tr>
<td></td>
<td>(Transplanted)</td>
</tr>
<tr>
<td></td>
<td>(N/A)</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Date:</th>
<th>Time: (military time)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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
### Intestine 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 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#:

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:

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

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 left lung recovered/removed from donor:

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
<table>
<thead>
<tr>
<th>Organ:</th>
<th>Authorization Not Requested</th>
<th>Authorization Not Obtained</th>
<th>Organ Not Recovered</th>
<th>Recovered Not for Tx</th>
<th>Recovered for TX but Not Tx</th>
<th>Transplanted</th>
<th>N/A</th>
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<td></td>
<td></td>
<td></td>
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<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Date:</th>
<th>Time: (military time)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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:

---

<table>
<thead>
<tr>
<th>Organ:</th>
<th>Authorization Not Requested</th>
<th>Authorization Not Obtained</th>
<th>Organ Not Recovered</th>
<th>Recovered Not for Tx</th>
<th>Recovered for TX but Not Tx</th>
<th>Transplanted</th>
<th>N/A</th>
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</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Date:</th>
<th>Time: (military time)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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: