## **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 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 II
Donor Information OPO:		
Donor Hospital:		
Referral Date: *		
Recovered Outside the U.S.:*	0	YES ONO
Country:		
Last Name: *	First Name:*	MI:
DOB:		
Age:		Months Years
Birth sex:*	Male Female	
Home City: *	State:	Zip Code:
ST=		- ST=
Ethnicity: * Hispanic or Latin	o ONot Hispanic or L	atino Ethnicity not reported
Race: *		
American Indian or Alaska Native	Asian	
□American Indian □Eskimo	□Asian □Chine	Indian/Indian Sub-Continent
Aleutian	Filipin	10
	Japan OKorea	
American Indian or Alaska Native: Origin no	t reported Vietna	amese
		: Other origin : Origin not reported
Black or African American	Native H	Hawaiian or Other Pacific Islander
☐ African American ☐ African (Continental)		e Hawaiian nanian or Chamorro
West Indian	Samo	an
☐ Haitian ☐ Black or African American: Other origin		e <mark>Hawaiian</mark> or Other Pacific Islander: Other origin e Hawaiian or Other Pacific Islander: Origin not reported
Black or African American: Origin not report		
White	Other	
□European Descent □Arab or Middle Eastern	URace	not reported
□North African (non-Black)		
☐White: Other origin ☐White: Origin not reported		
Citizenship: *	Ot	US Citizen
		Non-US Citizen/US Resident
		Non-US Citizen/Non-US Resident
	Ou	Unknown
Home Country:		
Cause of Death: *	0	AIXONA
	0	CEREBROVASCULAR/STROKE
	OH	HEAD TRAUMA
	$\circ$	CNS TUMOR
	$\circ$	OTHER SPECIFY
Specify:		
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Mechanism of Death:*	ODROWNING
	SEIZURE
	ORUG INTOXICATION
	OASPHYXIATION
	CARDIOVASCULAR
	CELECTRICAL
	GUNSHOT WOUND
	STAB
	BLUNT INJURY
	SIDS
	INTRACRANIAL HEMORRHAGE/STROKE
	NONE OF THE ABOVE
	ODEATH FROM NATURAL CAUSES
Simulation of Boothus	
Circumstances of Death:*	OMVA
	SUICIDE
	OHOMICIDE
	CHILD-ABUSE
	Accident, Non-MVA
	DEATH FROM NATURAL CAUSES
	NONE OF THE ABOVE
Authorization  Was the patient declared legally brain dead: *	YES NO
Did the patient legally document their decision to be a donor: *	YES NO UNK
Was authorization obtained for organ donation:*	YES NO
Method of authorization used:	First Person
	Hierarchy
Select the reason organ donation authorization was	
not obtained:	Obeclined Out of the Control of the
	Not Requested
Did the OPO notify the medical examiner/coroner: *	YES NO
If yes, did the medical examiner/coroner accept the case:	YES NO
If yes, were there any restrictions:	YES NO
If yes, were there any restrictions.	
	Left Kidney
	☐ Right Kidney
	☐ Left Lung
	☐ Right Lung
	☐ Pancreas
	Liver
	☐ Intestine
	Heart
	□ vca
Date and time authorization obtained for organ donation:	Date:(military time)
Clinical Information	
ABO Blood Group:	
Height: *	ft in cm ST=
Weight: *	lbs kg <b>ST=</b>
Terminal Lab Data:	

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Protein in Urine: *	YES NO UNK	
Serum Sodium:*	mEq/L	ST=
BUN: *	mg/dl	ST=
Serum Creatinine:*	mg/dl	ST=
Total Bilirubin: *	mg/dl	ST=
SGOT/AST: *	u/L	ST=
SGPT/ALT: *	u/L	ST=
INR:*		ST=
Hematocrit: *	%	ST=
Pancreas (PA Donors Only):		
Serum Amylase: *	u/L	ST=
Serum Lipase:*	u/L	ST=
HbA1c:*	%	ST=
Infectious disease testing:		
HBcAb: *	Positive	1
	Negative	2 6
	Not Done	
	OIndeterminate/Equivocal	
		$\backslash \vee$ $\Box ()$
HBV NAT:*	Positive	
	Negative	
	Not Done	
	Indeterminate/Equivocal	
HBsAg: *	Positive	
	Negative	
	Not Done	
	Indeterminate/Equivocal	
HBsAb: *	Positive	X
	Negative	
	Not Done	
	Indeterminate/Equivocal	
HCV:*	Positive	
	Negative	
	Not Done	
	Indeterminate/Equivocal	
HCV NAT:∗	Positive	
	Negative	
	Not Done	
	Indeterminate/Equivocal	
HIV:*	Positive	
	Negative	
	Not Done	
	OIndeterminate/Equivocal	
HIV Ag/Ab Combo:*	Positive	
	Negative	
	Not Done	
	OIndeterminate/Equivocal	
	-	

Negative   Net Done   Indestruminate/ Equivocal	HIV NAI:*	Positive	
Indeterminate/ Equivocal  HTLV:*  Positive Negative Not Done Indeterminate/ Equivocal  HTLV NAT:*  Positive Not Done Indeterminate/ Equivocal  Anti-CMV: *  Positive Not Done Indeterminate/ Equivocal  Anti-CMV: *  Positive Not Done Indeterminate/ Equivocal  EBV (VCA) (IgG): *  Positive Negative Not Done Indeterminate/ Equivocal  EBV (VCA) (IgM): *  Positive Negative Not Done Indeterminate/ Equivocal  EBV (VCA) (IgM): *  Positive Negative Not Done Indeterminate/ Equivocal  EBV (VCA) (IgM): *  Positive Negative Not Done Indeterminate/ Equivocal  EBV (VCA) (IgM): *  Positive Negative Not Done Indeterminate/ Equivocal  Chagas: *  Positive Not Done Indeterminate/ Equivocal  Chagas		ONegative	
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Negative   Not Done   Indeterminate/Equivocal	HTLV:*	Positive	
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West Nile: *  Positive  Negative  Not Done  Indeterminate/Equivocal			
West Nile: *  Positive  Negative  Not Done  Indeterminate/Equivocal		Indeterminate/Equivocal	
Negative  Not Done  Indeterminate/Equivocal	West Nile: *		
Not Done  Indeterminate/Equivocal			
○Indeterminate/Equivocal			
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west Nile NAT:*	Opositive
	Negative
	ONOT Done
	Indeterminate/Equivocal
Strongyloides:*	Positive
	Negative
	ONot Done
	Indeterminate/Equivocal
Donor Management: (Any medications administered withi	in 24 hours prior to crossclamp.)
Steroids: *	OYES ONO OUNK
Diuretics:*	○YES ○NO ○UNK
T3:*	OYES ONO OUNK
T4:*	YES NO UNK
Antihypertensives: *	○YES ○NO ○UNK
Vasodilators:*	○YES ○NO ○UNK
DDAVP:*	○YES ○NO ○UNK
Heparin:∗	OYES ONO OUNK
Arginine Vasopressin: <b>*</b>	YES NO UNK
Insulin: *	YES NO UNK
Other/Specify:	
Other/Specify:	
Other/Specify:	V V V
Inotropic medications at time of cross-clamp or at time of withdrawal of life-sustaining medical support:	CYES ONO CUNK
Medication:	Oppamine Specify:
	ODobutamine
	<b>Epinephrine</b>
	CLevophed
	Neosynephrine
	Isoproterenol (Isuprel)
	Other, specify
Medication:	Oppamine Specify:
	Opobutamine
	Epinephrine
	Epinephrine  Levophed
	Levophed
	Levophed   Neosynephrine
Medication:	Levophed Neosynephrine Isoproterenol (Isuprel)
Medication:	Levophed  Neosynephrine  Isoproterenol (Isuprel)  Other, specify
Medication:	Levophed  Neosynephrine Isoproterenol (Isuprel)  Other, specify  Dopamine  Specify:
Medication:	Levophed  Neosynephrine Isoproterenol (Isuprel) Other, specify  Dopamine Specify:  Dobutamine
Medication:	Levophed  Neosynephrine Isoproterenol (Isuprel) Other, specify  Dopamine Specify:  Dobutamine Epinephrine Levophed Neosynephrine
Medication:	Levophed Neosynephrine Isoproterenol (Isuprel) Other, specify Dopamine Specify: Dobutamine Epinephrine Levophed Neosynephrine Isoproterenol (Isuprel)
Medication:	Levophed  Neosynephrine Isoproterenol (Isuprel) Other, specify  Dopamine Specify:  Dobutamine Epinephrine Levophed Neosynephrine
Medication:  Transfusions prior to ABO determination:*	Levophed Neosynephrine Isoproterenol (Isuprel) Other, specify Dopamine Specify: Dobutamine Epinephrine Levophed Neosynephrine Isoproterenol (Isuprel)
	Levophed  Neosynephrine Isoproterenol (Isuprel) Other, specify  Dopamine Specify:  Dobutamine Epinephrine Levophed Neosynephrine Isoproterenol (Isuprel) Other, specify

Transfusions following ABO determination: *	YES NO
Total Volume	сс
Clinical Infection Confirmed by Culture:*	OYES ONO OUNK
Source	
Blood	
☐ Lung	
□ Urine	
□ Other	
Other, specify:	
Lifestyle Factors Cigarette Use (> 20 pack years) - Ever:*	OYES ONO OUNK
AND continued in last six months:	YES NO UNK
Heavy Alcohol Use (heavy= 2+ drinks/day): *	YES NO UNK
According to the OPTN policy in effect, does the donor have risk factors for blood-borne disease transmission: *	OYES ONO
Within 30 days before organ procurement, does the donor meet any of the following criteria that would put organ recipients at risk for acquiring HIV, HBV, and HCV infections:	
Sex (i.e., any method of sexual contact, including vaginal, anal, and oral) with a person known or suspected to have HIV, HBV, or HCV infection	YES ONO
Man who has had sex with another man	YES NO
Sex in exchange for money or drugs	YES NO
Sex with a person who had sex in exchange for money or drugs	YES NO
Drug injection for nonmedical reasons	YES NO
Sex with a person who injected drugs for nonmedical reasons	YES NO
Incarceration (confinement in jail, prison, or juvenile correction facility) for 72 or more consecutive hours	YES NO
Child breastfed by a mother with HIV infection	YES NO N/A
Child born to a mother with HIV, HBV, or HCV infection	YES NO N/A
Unknown medical or social history	YES NO
Ever use or take drugs, such as steroids, cocaine, heroin, amphetamines, opioids, or marijuana: *	YES NO UNK
Steroids: *	
Last used on:	ST=
How long was it used:	Unit: ST=
	Years
	Months
How often was it used:	ST=
Drug use route:	Inhaled
	Needles
	○Ingested
	CUnknown
Cocaine: *	

Last used on:			ST=
How long was it used:		Unit:	ST=
		Years	
		Months	
How often was it used:			ST=
Drug use route:	OInhaled		
•	Needles		
	OIngested OUnknown		
	Unknown		
Heroin: *			
Last used on:			ST=
How long was it used:		Unit:	ST=
		Years	
		Months	
How often was it used:			ST=
Drug use route:	Inhaled		
	Needles		
	○Ingested		
	Unknown		
Amphetamines: *			
Last used on:			
			ST=
How long was it used:		Unit: Years	ST=
		Months	_ \_ \X
How often was it used:			ST=
Drug use route:	Inhaled		
	Needles		
	OIngested		
	Unknown		
Opioids: *			
Last used on:			ST=
How long was it used:		Unit:	ST=
		Years	
		Months	
How often was it used:			ST=
Drug use route:	Inhaled		· _
<b>g</b>	Needles		
	Ingested		
	Unknown		
Marijuana:∗			
Last used on:			ST=
How long was it used:		Unit:	ST=
		Years	
		Months	
How often was it used:			ST=
Drug use route:	○Inhaled		
	Needles		
	<b>Ingested</b>		
	Unknown		
	- Olimiowii		

History of Diabetes: *	ONO
	YES, 0-5 YEARS
	YES, 6-10 YEARS
	YES, >10 YEARS
	YES, DURATION UNKNOWN
	UNKNOWN
Insulin Dependent:	ONO
	YES, 0-5 YEARS
	YES, 6-10 YEARS
	YES, >10 YEARS
	YES, DURATION UNKNOWN
	OUNKNOWN
History of Hypertension: *	ONO
	YES, 0-5 YEARS
	YES, 6-10 YEARS
	YES, >10 YEARS
	YES, UNKNOWN DURATION
	UNKNOWN
If yes, method of control:	
Diet:	OYES ONO OUNK
Diuretics:	○YES ○NO ○UNK
Other anti-hypertensive medication:	YES NO UNK
·	
History of Cancer:*	
Specify:	
Cancer at time of procurement:	
Intracranial:	YES NO UNK
Type (for Intracranial):	Astrocytoma
	Medulloblastoma
	Glioblastoma Multiforme
	Neuroblastoma
	Meningioma
	Malignant Meningioma
	Benign Angioblastoma
	Unknown
	Other specify
Other Specify:	
Extracranial:	YES NO UNK
Type (for Extracranial):	Kidney
	Breast
	Thyroid
	Tongue/Throat/Larynx
	CLung
	CLeukemia/Lymphoma
	Liver
	Unknown
	Other specify
Other Specify:	Other specify

Skin:	YES NO UNK
Type (for Skin):	Squamous Cell
	Basal Cell
	Melanoma
	Unknown
	Other specify
Other Specify:	
Chagas History: *	○YES ○NO ○UNK
TB History:*	YES NO UNK
Organ Recovery	
Recovery Date (donor to OR):	
Date and time of pronouncement of death: (Complete for brain dead and DCD donors):	Date:Time:(military time)

TB History:*	CYES ONO CUNK
Organ Recovery	
Recovery Date (donor to OR):	
Date and time of pronouncement of death: (Complete for brain dead and DCD donors):	Date:(military time)
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: Military time
If Yes, Date and time agonal phase begins (systolic BP $<$ 80mmHg or O2 sat. $<$ 80% sustained):	Date: Military time
If No, Was this an authorized 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=
Flush Used:*	YES NO
If yes, Date and time of abdominal aorta flush:	Date: Military time ST=
If yes, Date and time of thoracic aorta flush:	Date: Military time ST=
If yes, Date and time of portal vein flush:	Date: Military time ST=
If yes, Date and time of pulmonary artery flush:	Date: Military time ST=
Clamp Date:	
Clamp Time: (Military Time)	ST=
Clamp Time Zone:	Eastern
	Central
	Mountain
	Pacific
	Alaska
	<b>Hawaii</b>
	Atlantic
All Donors Cardiac and Pulmonary Function:	,
History of previous MI:	YES NO UNK
LV ejection fraction (%):	ST=
LV ejection fraction (%):  Method:	ST=
	ST=  Echo (echocardiogram)  MUGA (multiple gated acquisition scan)
	Echo (echocardiogram)
	Echo (echocardiogram)  MUGA (multiple gated acquisition scan)
Method:	Echo (echocardiogram)  MUGA (multiple gated acquisition scan)
Method:  If LV, Ejection Fraction < 50%:	Echo (echocardiogram)  MUGA (multiple gated acquisition scan)
Method:  If LV, Ejection Fraction < 50%: Structural Abnormalities: Valves:	Echo (echocardiogram)  MUGA (multiple gated acquisition scan)  Angiogram  YES NO
Method:  If LV, Ejection Fraction < 50%:  Structural Abnormalities:	Echo (echocardiogram)  MUGA (multiple gated acquisition scan)  Angiogram

Segmental.	OYES ONO	
Global:	YES NO	
Heart machine perfusion:	YES NO	
Coronary Angiogram:	○No	
	Yes, normal (no evidence of coronary artery disease)	
	Yes, abnormal but non-obstructive (all stenosis determined to be < 70%)	
	Yes, abnormal and obstructive (presence of any stenosis determined to be >=70	1%)
If Abnormal, # of Vessels with >= 70% Stenosis:	○1 ○2 ○3 ○Unknown	1
	OT OF OURIDAN	
Pulmonary Measurements:		
ABG Results		
Blood pH:	ST=	
PCO₂:∗	mmHg ST=	
PO <sub>2</sub> :	mmHg ST=	
PEEP:	mm/Hg ST=	
FiO <sub>2</sub> :*	ST=	
Ventilator mode:	OA/C	
	ССМУ	
	CSIMV	
	PRVC	
	APRV	
	Онгоу	
	Other specify	
	Comer specify	
Specify:		
Were advanced hemodynamic parameter data obtained	d? YES NO	
Method:	Pulmonary artery catheter	
	Minimally invasive monitoring	
If Yes, Initial (baseline) and Final-Preoperative mea		
11 res, findar (baseline) and r mai Presperative med	Initial	
MAP: (mmHg)	ST= ST=	
CVP: (mmHg)		
	ST= ST=	
PCWP: (mmHg)	ST= ST=	
SVR: ((dynes/sec/cm)^5)	ST= ST=	
PA Systolic: (mmHg)	ST= ST=	
PA Diastolic: (mmHg)	ST= ST=	
CO: (L/min)	ST= ST=	
	CT CT	
Cardiac Index: (L/min/sq.m)	ST= ST=	
Cardiac Index: (L/min/sq.m)  Any Extracorporeal Support Given (ECMO, etc.):	YES NO	
Any Extracorporeal Support Given (ECMO, etc.):	YES NO	
Any Extracorporeal Support Given (ECMO, etc.):  How Long?	YES NO hrs ST= L/min ST=	
Any Extracorporeal Support Given (ECMO, etc.):  How Long?  Flow rate:  Left Kidney Biopsy:	YES NO  hrs ST=  L/min ST=  YES NO	
Any Extracorporeal Support Given (ECMO, etc.):  How Long?  Flow rate:	YES NO  hrs ST=  L/min ST=  YES NO  Needle	
Any Extracorporeal Support Given (ECMO, etc.):  How Long?  Flow rate:  Left Kidney Biopsy:	YES NO  hrs ST=  L/min ST=  YES NO	
Any Extracorporeal Support Given (ECMO, etc.):  How Long?  Flow rate:  Left Kidney Biopsy:	YES NO  hrs ST=  L/min ST=  YES NO  Needle  Wedge	
Any Extracorporeal Support Given (ECMO, etc.):  How Long?  Flow rate:  Left Kidney Biopsy:  Biopsy type:	YES NO  hrs ST=  L/min ST=  YES NO  Needle Wedge  Frozen section	
Any Extracorporeal Support Given (ECMO, etc.):  How Long?  Flow rate:  Left Kidney Biopsy:  Biopsy type:	YES NO  hrs ST=  L/min ST=  YES NO  Needle  Wedge	

Number of globally scierotic glomerum.	31-
% Globally sclerotic glomeruli:	%
Nodular mesangial glomerulosclerosis:	Absent
	Present
	Unknown
Interstitial fibrosis and tubular atrophy (IFTA):	
Thersular horosis and tubular atrophly (TFTA):	O<5%
	O5-25%
	<b>26-50%</b>
	>50%
	Unknown
Vascular disease:	None (<10%)
	Mild (10-25%)
	Moderate (26-50%)
	Severe (>50%)
	Unknown
Arteriolar hyalinosis:	
	None  Mild to moderate (4 arterials)
	Mild to moderate (1 arteriole)
	Moderate to severe (> 1 arteriole)
	Severe - multiple or circumferential
	Unknown
Cortical necrosis:	Absent
	Present
	Unknown
% Cortical necrosis:	ST=
Fibrin thrombi:	Absent
	Present
	Unknown
% Fibrin thrombi:	ST=
Pump:	YES NO
Type of Left 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
	TES INU
Right Kidney Biopsy:	YES NO
Biopsy type:	Needle
	○Wedge
Tissue preparation technique:	Frozen section
	FFPE section
Number of glomeruli:	ST=
Number of globally sclerotic glomeruli:	ST=
% Globally sclerotic glomeruli:	%
Nodular mesangial glomerulosclerosis:	Absent
	Present
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Interstitial fibrosis and tubular atrophy (IFTA):	O<5%
	<b>5-25%</b>
	26-50%
	>50%
	Unknown
Vascular disease:	None (<10%)
	Mild (10-25%)
	Moderate (26-50%)
	Severe (>50%)
	Unknown
Arteriolar hyalinosis:	None
	Mild to moderate (1 arteriole)
	Moderate to severe (> 1 arteriole)
	Severe - multiple or circumferential
	Unknown
Cortical necrosis:	Absent
Cortical necrosis.	Absent
	Unknown
% Cortical necrosis:	ST=
Fibrin thrombi:	Absent
	Present
	Unknown
% Fibrin thrombi:	ST=
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
	TES ONU
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
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Portal Infiltrates:	ONone Noted	
	Mild, some or all portal areas	
	Moderate, some or all portal areas	
	Moderate/Marked	
	Marked, all portal areas	
Macrosteatosis %:	% ST	Γ=
% Micro/intermediate vesicular fat:	% ST	Γ=
Liver Machine Perfusion: *	YES NO	
Type of Liver Machine Perfusion:	Normothermic	
	Hypothermic	
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	
	Bronchoscopy Results, Abnormal-other	
Country	Significance by Results Abilitating States	
Specify		
Left Lung Machine YES NO Perfusion 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	
	Bronchoscopy Results, Abnormal-other	
Specify		
Right Lung Machine Perfusion Performed:	YES NO	
Chest X-ray:		
Chest A Tayl	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

OTransplanted
ON/A

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donor: Recipient:		Military time
Recipient:		
TX Center:		
Reason Code:		
Specify:		
Reason organ not transplanted:		
Specify:		
Recovery Team Center Code:		•
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		AU
Organ:	Authorization Not Requested	
organ.		
	Authorization Not Obtained	
	Organ Not Recovered	
	Recovered Not for Tx	
	Recovered Not for Tx Recovered for TX but Not Tx Transplanted	
Date and time left kidney recovered/removed from	Recovered Not for Tx Recovered for TX but Not Tx Transplanted N/A	Time
Date and time left kidney recovered/removed from donor:	Recovered Not for Tx Recovered for TX but Not Tx Transplanted N/A	Time:
Date and time left kidney recovered/removed from donor:  Recipient:	Recovered Not for Tx Recovered for TX but Not Tx Transplanted N/A	Time: Military time
donor:	Recovered Not for Tx Recovered for TX but Not Tx Transplanted N/A	
donor: Recipient:	Recovered Not for Tx Recovered for TX but Not Tx Transplanted N/A	
donor:  Recipient:  TX Center:  Reason Code:	Recovered Not for Tx Recovered for TX but Not Tx Transplanted N/A	
donor:  Recipient:  TX Center:  Reason Code:  Specify:	Recovered Not for Tx Recovered for TX but Not Tx Transplanted N/A	
donor:  Recipient:  TX Center:  Reason Code:  Specify:  Reason organ not transplanted:	Recovered Not for Tx Recovered for TX but Not Tx Transplanted N/A	
donor:  Recipient:  TX Center:  Reason Code:  Specify:  Reason organ not transplanted:  Specify:	Recovered Not for Tx Recovered for TX but Not Tx Transplanted N/A	Military time
donor:  Recipient:  TX Center:  Reason Code:  Specify:  Reason organ not transplanted:  Specify:  Recovery Team Center Code:	Recovered Not for Tx Recovered for TX but Not Tx Transplanted N/A	
donor:  Recipient:  TX Center:  Reason Code:  Specify:  Reason organ not transplanted:  Specify:  Recovery Team Center Code:  Initial Flush Solution:	Recovered Not for Tx Recovered for TX but Not Tx Transplanted N/A	Military time
donor:  Recipient:  TX Center:  Reason Code:  Specify:  Reason organ not transplanted:  Specify:  Recovery Team Center Code:  Initial Flush Solution:  Specify:	Recovered Not for Tx Recovered for TX but Not Tx Transplanted N/A	Military time
donor:  Recipient:  TX Center:  Reason Code:  Specify:  Reason organ not transplanted:  Specify:  Recovery Team Center Code:  Initial Flush Solution:  Specify:  Back Table Flush Solution:	Recovered Not for Tx Recovered for TX but Not Tx Transplanted N/A	Military time
donor:  Recipient:  TX Center:  Reason Code:  Specify:  Reason organ not transplanted:  Specify:  Recovery Team Center Code:  Initial Flush Solution:  Specify:  Back Table Flush Solution:  Specify:	Recovered Not for Tx Recovered for TX but Not Tx Transplanted N/A	Military time
donor:  Recipient:  TX Center:  Reason Code:	Recovered Not for Tx Recovered for TX but Not Tx Transplanted N/A	Military time
donor:  Recipient:  TX Center:  Reason Code:  Specify:  Reason organ not transplanted:  Specify:  Recovery Team Center Code:  Initial Flush Solution:  Specify:  Back Table Flush Solution:  Specify:  Final Flush/Storage Solution:  Specify:	Recovered Not for Tx Recovered for TX but Not Tx Transplanted N/A	Military time
donor:  Recipient:  TX Center:  Reason Code:  Specify:  Reason organ not transplanted:  Specify:  Recovery Team Center Code:  Initial Flush Solution:  Specify:  Back Table Flush Solution:  Specify:  Final Flush/Storage Solution:  Specify:  OPO sent vessels with organ:	Recovered for TX but Not Tx Transplanted N/A  Date:	Military time
donor:  Recipient:  TX Center:  Reason Code:  Specify:  Reason organ not transplanted:  Specify:  Recovery Team Center Code:  Initial Flush Solution:  Specify:  Back Table Flush Solution:  Specify:  Final Flush/Storage Solution:  Specify:	Recovered for TX but Not Tx Transplanted N/A  Date:	Military time

Organ:	Authorization Not Requested	
	Authorization Not Obtained	
	Organ Not Recovered	
	Recovered Not for Tx	
	Recovered for TX but Not Tx	
	<b>Transplanted</b>	
	On/A	
Date and time dual/en-bloc kidney	Date:	Time:
recovered/removed from donor:		Military time
Recipient:		· meary cone
TX Center:		
Reason Code:		
Specify:		
Reason organ not transplanted:		
Specify:		
Recovery Team Center Code:		·
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 pro	cedure:	
Vessel Donor ID:		
Pancreas		
Organ:		
organ.	Authorization Not Requested	
	Authorization Not Obtained	
	Organ Not Recovered	
	Recovered Not for Tx	
	Recovered for TX but Not Tx	
	OTransplanted	
	ON/A	
Date and time whole pancreas recovered/rem from donor:	noved Date:	Time:
		Military time
Recipient:		
TX Center:		
Reason Code:		
Specify:		
Reason organ not transplanted:		
Specify:		
Recovery Team Center Code:		~
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 pro	cedure:	
Vessel Donor ID:		
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Pancreas Segment 1		
Organ:	Authorization Not Requested	
	Authorization Not Obtained	
	Organ Not Recovered	
	Recovered Not for Tx	
	Recovered for TX but Not Tx	
	Transplanted	
	On/a	
Date and time pancreas segment 1 recovered/removed from donor:	Date:	Time: Military time
Recipient:		rancary carie
TX Center:		
Reason Code:		
Specify:		
Reason organ not transplanted:		
Specify:		6
Recovery Team Center Code:	·	
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		1X 7
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	
	ON/A	

recovered/removed from donor:  Recipient:  TX Center:  Reason Code:  Specify:  Reason organ not transplanted:  Specify:  Recovery Team Center Code:  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:	Military time
TX Center:  Reason Code:  Specify:  Reason organ not transplanted:  Specify:  Recovery Team Center Code:  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:	
Reason Code:  Specify:  Reason organ not transplanted:  Specify:  Recovery Team Center Code:  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:	
Specify:  Reason organ not transplanted:  Specify:  Recovery Team Center Code:  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:	
Reason organ not transplanted:  Specify:  Recovery Team Center Code:  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:	
Specify:  Recovery Team Center Code:  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:	
Recovery Team Center Code:  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:	
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:	
Specify:  Back Table Flush Solution:  Specify:  Final Flush/Storage Solution:  Specify:  OPO sent vessels with organ:  Were extra vessels used in the transplant procedure:	
Back Table Flush Solution:  Specify:  Final Flush/Storage Solution:  Specify:  OPO sent vessels with organ:  Were extra vessels used in the transplant procedure:	
Specify:  Final Flush/Storage Solution:  Specify:  OPO sent vessels with organ:  Were extra vessels used in the transplant procedure:	
Final Flush/Storage Solution:  Specify:  OPO sent vessels with organ:  Were extra vessels used in the transplant procedure:	
Specify:  OPO sent vessels with organ:  Were extra vessels used in the transplant procedure:	
OPO sent vessels with organ:  Were extra vessels used in the transplant procedure:	
Were extra vessels used in the transplant procedure:	
Vessel Donor ID:	
iver	
Organ: Authorization Not Requested	
Authorization Not Obtained	
Organ Not Recovered	
Recovered Not for Tx	
Recovered for TX but Not Tx	
<b>Transplanted</b>	
ON/A	
Date and time whole liver recovered/removed from Date:	Time:
donor:	Military time
Recipient:	
TX Center:	
TX Center:  Reason Code:	
Reason Code:	
Reason Code: Specify:	
Reason Code:  Specify:  Reason organ not transplanted:	
Reason Code:  Specify:  Reason organ not transplanted:  Specify:	
Reason Code:  Specify:  Reason organ not transplanted:  Specify:  Recovery Team Center Code:  Initial Flush Solution:	
Reason Code:  Specify:  Reason organ not transplanted:  Specify:  Recovery Team Center Code:  Initial Flush Solution:  Specify:	
Reason Code:  Specify:  Reason organ not transplanted: Specify:  Recovery Team Center Code:  Initial Flush Solution: Specify:  Back Table Flush Solution:	
Reason Code:  Specify:  Reason organ not transplanted:  Specify:  Recovery Team Center Code:  Initial Flush Solution:  Specify:  Back Table Flush Solution:  Specify:	
Reason Code:  Specify:  Reason organ not transplanted:  Specify:  Recovery Team Center Code:  Initial Flush Solution:  Specify:  Back Table Flush Solution:  Specify:  Final Flush/Storage Solution:	
Reason Code:  Specify:  Reason organ not transplanted: Specify:  Recovery Team Center Code:  Initial Flush Solution: Specify:  Back Table Flush Solution: Specify:  Final Flush/Storage Solution: Specify:	
Reason Code:  Specify:  Reason organ not transplanted:  Specify:  Recovery Team Center Code:  Initial Flush Solution:  Specify:  Back Table Flush Solution:  Specify:  Final Flush/Storage Solution:  Specify:  OPO sent vessels with organ:	
Reason Code:  Specify:  Reason organ not transplanted: Specify:  Recovery Team Center Code:  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:	
Reason Code:  Specify:  Reason organ not transplanted:  Specify:  Recovery Team Center Code:  Initial Flush Solution:  Specify:  Back Table Flush Solution:  Specify:  Final Flush/Storage Solution:	
Reason Code:  Specify:  Reason organ not transplanted: Specify:  Recovery Team Center Code:  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:	

Organ:	Authorization Not Requested	
	Authorization Not Obtained	
	Organ Not Recovered	
	Recovered Not for Tx	
	Recovered for TX but Not Tx	
	Transplanted	
	On/a	
Date and time liver segment 1 recovered/removed	Date:	Time:
from donor:		Military time
Recipient:		rinically time
TX Center:		
Reason Code:		
Specify:		
Reason organ not transplanted:		
Specify:		
Recovery Team Center Code:	·	
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:		136.5
Liver Segment 2		
Organ:	Authorization Not Requested	
	Authorization Not Obtained	
	Organ Not Recovered	
	Recovered Not for Tx	
	Recovered for TX but Not Tx	
	Transplanted	
	ON/A	
Date and time liver segment 2 recovered/removed from donor:	Date:	Time:
		Military time
Recipient:		
TX Center:		
Reason Code:		
Specify:		
Reason organ not transplanted:		
Specify:		
Recovery Team Center Code:	·	
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:		
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Intestine		
Organ:	Authorization Not Requested	
	Authorization Not Obtained	
	Organ Not Recovered	
	Recovered Not for Tx	
	Recovered for TX but Not Tx	
	<b>Transplanted</b>	
	On/A	
Date and time whole intestine recovered/removed from donor:	Date:	Time: Military time
Recipient:		Military time
TX Center:		
Reason Code:		
Specify:		
Reason organ not transplanted:		
Specify:		Cal
Recovery Team Center Code:		v ol
Initial Flush Solution:		
Specify:		
Back Table Flush Solution:		<b>(Y)</b>
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:	Authorization Not Requested	
	Authorization Not Obtained	
	Organ Not Recovered	
	Recovered Not for Tx	
	Recovered for TX but Not Tx	
	Transplanted	
	N/A	

recovered/removed from donor:  Recipient:		
Recipient:		Military time
TX Center:		
Reason Code:		
Specify:		
Reason organ not transplanted:		
Specify:		
Recovery Team Center Code:		<b>v</b>
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		<b>A Y</b>
Organ:	Authorization Not Requested	
	Authorization Not Obtained	
	Organ Not Recovered  Recovered Not for Tx	
	Recovered for TX but Not Tx	
	<b>OTransplanted</b>	
Date and time intestine segment 2	<b>OTransplanted</b>	Time:
Date and time intestine segment 2 recovered/removed from donor:	○Transplanted ○N/A	Time: Military time
Date and time intestine segment 2 recovered/removed from donor:  Recipient:	○Transplanted ○N/A	
recovered/removed from donor:	○Transplanted ○N/A	
recovered/removed from donor:  Recipient:	○Transplanted ○N/A	
recovered/removed from donor:  Recipient:  TX Center:	○Transplanted ○N/A	
recovered/removed from donor:  Recipient:  TX Center:  Reason Code:	○Transplanted ○N/A	
recovered/removed from donor:  Recipient:  TX Center:  Reason Code:  Specify:	○Transplanted ○N/A	
recovered/removed from donor:  Recipient:  TX Center:  Reason Code:  Specify:  Reason organ not transplanted:	○Transplanted ○N/A	
recovered/removed from donor:  Recipient:  TX Center:  Reason Code:  Specify:  Reason organ not transplanted:  Specify:	○Transplanted ○N/A	Military time
recovered/removed from donor:  Recipient:  TX Center:  Reason Code:  Specify:  Reason organ not transplanted:  Specify:  Recovery Team Center Code:	○Transplanted ○N/A	Military time
recovered/removed from donor:  Recipient:  TX Center:  Reason Code:  Specify:  Reason organ not transplanted:  Specify:  Recovery Team Center Code:  Initial Flush Solution:	○Transplanted ○N/A	Military time
recovered/removed from donor:  Recipient:  TX Center:  Reason Code:  Specify:  Reason organ not transplanted:  Specify:  Recovery Team Center Code:  Initial Flush Solution:  Specify:	○Transplanted ○N/A	Military time
recovered/removed from donor:  Recipient:  TX Center:  Reason Code:  Specify:  Reason organ not transplanted:  Specify:  Recovery Team Center Code:  Initial Flush Solution:  Specify:  Back Table Flush Solution:	○Transplanted ○N/A	Military time
recovered/removed from donor:  Recipient:  TX Center:  Reason Code:  Specify:  Reason organ not transplanted:  Specify:  Recovery Team Center Code:  Initial Flush Solution:  Specify:  Back Table Flush Solution:  Specify:	○Transplanted ○N/A	Military time
recovered/removed from donor:  Recipient:  TX Center:  Reason Code:  Specify:  Reason organ not transplanted:  Specify:  Recovery Team Center Code:  Initial Flush Solution:  Specify:  Back Table Flush Solution:  Specify:  Final Flush/Storage Solution:	○Transplanted ○N/A	Military time
recovered/removed from donor:  Recipient:  TX Center:  Reason Code:  Specify:  Reason organ not transplanted:  Specify:  Recovery Team Center Code:  Initial Flush Solution:  Specify:  Back Table Flush Solution:  Specify:  Final Flush/Storage Solution:  Specify:	Transplanted N/A  Date:	Military time
recovered/removed from donor:  Recipient:  TX Center:  Reason Code:  Specify:  Reason organ not transplanted:  Specify:  Recovery Team Center Code:  Initial Flush Solution:  Specify:  Back Table Flush Solution:  Specify:  Final Flush/Storage Solution:  Specify:  OPO sent vessels with organ:	Transplanted N/A  Date:	Military time

Organ:	OAuthorization Not Requested	
	Authorization Not Obtained	
	Organ Not Recovered	
	Recovered Not for Tx	
	Recovered for TX but Not Tx	
	Transplanted	
	On/A	
Date and time heart recovered/removed from donor: Date:		Time:
		Military time
Recipient:		Pilitary time
TX Center:		
Reason Code:		
Specify:		
Reason organ not transplanted:		
Specify:		
Recovery Team Center Code:	,	
Initial Flush Solution:		
Specify:		
Back Table Flush Solution:		
Specify:		$( \bigcirc )$
Final Flush/Storage Solution:		
Specify:		
OPO sent vessels with organ:		
Were extra vessels used in the transplant procedure:		
Vessel Donor ID:		
Left Lung Organ:		
Organ.	Authorization Not Requested	
	Authorization Not Obtained	
	Organ Not Recovered	
	Recovered Not for Tx	
	Recovered for TX but Not Tx	
	Transplanted	
	N/A	
Date and time left lung recovered/removed from donor:		Time:
uonor.		Military time
Recipient:		
TX Center:		
Reason Code:		
Specify:		
Reason organ not transplanted:		
Specify:		
Recovery Team Center Code:	·	•
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:		
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Right Lung		
Organ:	Authorization Not Requested	
	Authorization Not Obtained	
	Organ Not Recovered	
	Recovered Not for Tx	
	Recovered for TX but Not Tx	
	OTransplanted	
	On/A	
Date and time right lung recovered/removed from donor:	Date:	Time:
Recipient:		Military time
TX Center:		
Reason Code:		
Specify:		
Reason organ not transplanted:		
Specify:		Col
Recovery Team Center Code:		
Initial Flush Solution:		
Specify:		
Back Table Flush Solution:		$\langle \vee \rangle$
Specify:		
Final Flush/Storage Solution:		• (1)
Specify:		
OPO sent vessels with organ:		
Were extra vessels used in the transplant procedure		
Vessel Donor ID:		
Double Lung		•
Organ:	Authorization Not Requested	
	Authorization Not Obtained	
	Organ Not Recovered	
	Recovered Not for Tx	
	Recovered for TX but Not Tx	
	Transplanted	
	ON/A	

Date and time double/en-bloc lung recovered/removed from donor:	Date:		Time: Military time
Recipient:			military time
TX Center:			
Reason Code:			
Specify:			
Reason organ not transplanted:			
Specify:			
Recovery Team Center Code:		~	
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 proced	lure:		
Vessel Donor ID:			20° 20°

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