

## Background

The OMB 2018 project consists of implementing changes within TIEDI® that are a part of five different OPTN/UNOS Board of Directors’ approved proposals:

- 1) [Definition of Pancreas Graft Failure](#) – policy going into effect on implementation day (June 2015)
- 2) [Data Collection for Deceased Donor Lungs that Have Undergone Ex Vivo Lung Perfusion](#) (EVLP) (June 2015)
- 3) [Improving Post-Transplant Communication of New Donor Information](#) (June 2016)
- 4) [Pediatric Lung](#) (December 2015)
- 5) [PHS Guidelines for Reducing Transmission of HIV, HBV, HCV](#) (November 2014)

Modifications to TIEDI® were the remaining IT effort for the above proposals. Implementation day is Wednesday, February 28, 2018. If you have questions about OMB, contact the UNet help desk at 800.978.4334.

## Transplant Candidate Registration (TCR)

**1) Form Section:** Clinical Information

**Subsection:** General Medical Factors

**Organ group:** Pancreas and Kidney/Pancreas

**Age group:** Adult and pediatric

**Proposal:** Definition of Pancreas Graft Failure

**New fields** (\* indicates required):

Field Name	Response Options	Description
HbA1c*	Value must be between 0.0 – 99.9	Unit of measure - %
Patient on Insulin?*	Yes, No, UNK	If YES is selected, the following 3 fields appear
Date insulin initiated*	XX/XX/XXXX	Value must be greater than or equal to DOB
Total insulin dosage units*	Values must be between 1-1000	Long term + short term unit/kg/day
Insulin duration of use*	Value must be between 1-99999	Unit of measure - days

**Patient on Insulin?\***  YES  NO  UNK

**Date Insulin Initiated:**

**Total Insulin dosage units:**

**Insulin duration of use:**  days

## Transplant Recipient Registration (TRR)

**1) Form Section:** Clinical Information

**Subsection:** General Medical Factors

**Organ group:** Pancreas and Kidney/Pancreas

**Age group:** Adult and pediatric

**Proposal:** Definition of Pancreas Graft Failure

**Pancreas Graft Status Change- Removed Option:** Partial Functioning will no longer be a graft status option. All patient records that have Partial Functioning as the pancreas graft status will convert to Functioning on implementation day.

**New fields** (\* indicates required, clarification added if dependent on graft status):

Field Name	Response Options	Description
C-peptide *(if graft = functioning)	Value must be between 0.0 – 99.9	Unit of measure- ng/mL
HbA1c* (if graft = functioning)	Value must be between 0.0 – 99.9	Unit of measure- %
Patient using either oral medication or diet for blood sugar control?*	Yes, No, UNK	If YES, is selected, the following 3 fields appear
Patient on oral medication to control blood sugar* (if graft = failed)	Yes, No, UNK	N/A
Date of medications resumed* (if graft = failed)	Value must be greater than or equal to transplant date	XX/XX/XXXX
Patient using diet to control blood sugar* (if graft = failed)	Yes, No, UNK	N/A
Patient on Insulin?*	Yes, No, UNK	If YES is selected, the following 3 fields appear
Date insulin initiated*	Value must be greater than or equal to DOB	XX/XX/XXXX
Total insulin dosage units*	Values must be between 1-1000	Long term + short term unit/kg/day
Insulin duration of use*	Value must be between 1- 99999	Unit of measure- days

**Pancreas Graft Status:**\*  Functioning  Failed

If death is indicated for the recipient, report graft status up until the instance of death.

**Patient using either oral medication or diet for blood sugar control:**\*  YES  NO  UNK

Patient on oral medication to control blood sugar?\*:  YES  NO  UNK

Date of medications resumed: \*  ST=  [VIEW OPTIONS](#)

Patient using diet to control blood sugar: \*  YES  NO  UNK

**Patient on insulin?\***  YES  NO  UNK

Date insulin resumed: \*  ST=  [VIEW OPTIONS](#)

Total insulin dosage units: \*  ST=  [VIEW OPTIONS](#)

Insulin duration of use: \*  days ST=  [VIEW OPTIONS](#)

**C-peptide value:**  ng/mL ST=  [VIEW OPTIONS](#)

**HbA1c:**  % ST=  [VIEW OPTIONS](#)

## 2) Form Section: Clinical Information

**Subsection:** Viral Detection - NAT Results

**Organ group:** All organs

**Age group:** Adult and pediatric

**Proposal:** PHS Guidelines PHS Guidelines for Reducing Transmission of HIV, HBV, HCV

**New fields** (\* indicates required):

Field Name	Response Options	Description
HIV NAT*	Positive, Negative, Not Done, Unknown/Cannot Disclose	N/A
HBV NAT*	Positive, Negative, Not Done, Unknown/Cannot Disclose	N/A
HCV NAT*	Positive, Negative, Not Done, Unknown/Cannot Disclose	N/A

EBV Serostatus: \*  Positive  Negative  Not Done  UNK/Cannot Disclose

**NAT Results:**

HIV NAT: \*  Positive  Negative  Not Done  UNK/Cannot Disclose

HBV NAT: \*  Positive  Negative  Not Done  UNK/Cannot Disclose

HCV NAT: \*  Positive  Negative  Not Done  UNK/Cannot Disclose

**3) Form Section:** Clinical Information

**Subsection:** Transplant Procedure

**Organ group:** Lung and Heart/Lung

**Age group:** Adult and pediatric

**Proposal:** Data Collection for Deceased Donor Lungs that Have Undergone Ex Vivo Lung Perfusion (EVLV)

**Label Change:** *Total Organ Preservation Time From Cross Clamp to In Situ Reperfusion (include warm and cold time)* replaces Total Organ Ischemia Time (include cold, warm and anastomotic time)

**New fields** (\* indicates required):

Field Name	Response Options	Description
Lung(s) perfused prior to transplant?*	Yes, No	If YES is selected, the four following questions appear
Perfusion occurred at*	Recovery site, OPO, Transplant hospital – transplant site, Transplant hospital – not transplant site, external perfusion center	N/A
Perfusion performed by*	OPO, Transplant program, External perfusion center	N/A
Total time on perfusion*	Value cannot be more than 1500 minutes	N/A
Lung(s) received at transplant center*	Received at center on ice, Received at center on pump and stayed on pump, Received at center on pump and put on ice	This question will change dependent on procedure type – if someone had both lungs transplanted, separate options will display for left and right lung/en bloc

**Clinical Information : TRANSPLANT PROCEDURE**

Multiple Organ Recipient: None

Were extra vessels used in the transplant procedure: No

Procedure Type: LOBE, LEFT

**Total Organ Preservation Time From Cross Clamp to In Situ Reperfusion (include warm and cold time):**

Left Lung:\* [ ] min ST= [ ]

Lung(s) perfused prior to transplant?\*:  YES  NO

Perfusion occurred at:\* [ ]

Perfusion performed by:\* [ ]

Total time on perfusion: \* [ ] min ST= [ ]

Left lung received at transplant center: \* [ ]

**4) Form Section:** Clinical Information

**Subsection:** Pre-Transplant and Post-Transplant

**Organ group:** Lung and Heart/Lung

**Age group:** Pediatric

**Proposal:** Pediatric Lung

**Association:** Titer values entered on the TRR will display on the TRF

**New fields** (\* indicates required):

Field Name	Response Options	Description
Most Recent Anti-A Titer * (time at transplant)	1:0, 1:1, 1:2, 1:4, 1:8, 1:16, 1:32, 1:64, 1:128, 1:256, Not taken, Not available; and sample date	Pre-Transplant; for intended blood type incompatible; exactly what exists for heart
Most Recent Anti-A Titer* (required only if death or graft failure before discharge of transplant hospitalization)	1:0, 1:1, 1:2, 1:4, 1:8, 1:16, 1:32, 1:64, 1:128, 1:256, Not taken, Not available; and sample date	Post-Transplant; for intended blood group incompatible; exactly like what exists for heart
Most Recent Anti-B Titer* (time at transplant)	1:0, 1:1, 1:2, 1:4, 1:8, 1:16, 1:32, 1:64, 1:128, 1:256, Not taken, Not available; and sample date	Pre-Transplant; for intended blood type incompatible; exactly like what exists for heart
Most Recent Anti-B Titer* (required only if death or graft failure before discharge of transplant hospitalization)	1:0, 1:1, 1:2, 1:4, 1:8, 1:16, 1:32, 1:64, 1:128, 1:256, Not taken, Not available; and sample date	Post-Transplant; for intended blood type incompatible; exactly what exists for heart

Pretransplant Titer Information:

Most Recent Anti-A Titer:  [VIEW OPTIONS](#) Sample Date:

Most Recent Anti-B Titer:  [VIEW OPTIONS](#) Sample Date:

Clinical Information : TRANSPLANT PROCEDURE

PostTransplant Titer Information:

Most Recent Anti-A Titer:  [VIEW OPTIONS](#) Sample Date:

Most Recent Anti-B Titer:  [VIEW OPTIONS](#) Sample Date:

## Transplant Recipient Follow-Up (TRF)

**1) Form Section:** Clinical Information

**Subsection:** Graft Status

**Forms:** 6 month through 5 year

**Organ group:** Pancreas and Kidney/Pancreas

**Age group:** Adult and pediatric

**Proposal:** Definition of Pancreas Graft Failure

**Pancreas Graft Status Change- Removed Option:** Partial Functioning will no longer be a graft status option. All patient records that have Partial Functioning as the pancreas graft status will convert to Functioning on implementation day.

**New fields** (\* indicates required, clarification added if dependent on graft status):

Field Name	Response Options	Description
C-peptide *(if graft = functioning)	Value must be between 0.0 – 99.9	Unit of measure- ng/mL
HbA1c* (if graft = functioning)	Value must be between 0.0 – 99.9	Unit of measure- %
Patient using either oral medication or diet for blood sugar control?*	Yes, No, UNK	If YES, is selected, the following 3 fields appear
Patient on oral medication to control blood sugar* (if graft = failed)	Yes, No, UNK	N/A
Date of medications resumed* (if graft = failed)	Value must be greater than or equal to transplant date	XX/XX/XXXX
Patient using diet to control blood sugar* (if graft = failed)	Yes, No, UNK	N/A
Patient on Insulin?*	Yes, No, UNK	If YES is selected, the following 3 fields appear
Date insulin initiated*	Value must be greater than or equal to DOB	XX/XX/XXXX
Total insulin dosage units*	Values must be between 1-1000	Long term + short term unit/kg/day
Insulin duration of use*	Value must be between 1- 99999	Unit of measure- days

**Pancreas Graft Status:\***  Functioning  Failed

*If death is indicated for the recipient, report graft status up until the instance of death.*

**Patient using either oral medication or diet for blood sugar control:\***  YES  NO  UNK

Patient on oral medication to control blood sugar?\*:  YES  NO  UNK

Date of medications resumed: \*  ST=  [VIEW OPTIONS](#)

Patient using diet to control blood sugar: \*  YES  NO  UNK

**Patient on insulin?\***  YES  NO  UNK

Date insulin resumed: \*  ST=  [VIEW OPTIONS](#)

Total insulin dosage units: \*  ST=  [VIEW OPTIONS](#)

Insulin duration of use: \*  days ST=  [VIEW OPTIONS](#)

**C-peptide value:**  ng/mL ST=  [VIEW OPTIONS](#)

**HbA1c:**  % ST=  [VIEW OPTIONS](#)

**2) Form Section: Clinical Information**

**Subsection: Titer Information**

**Organ group: Lung and Heart/Lung**

**Forms: 6 month – 1 year**

**Age group: Pediatric**

**Proposal: Pediatric Lung**

**Association: Titer values entered on TRR will display on the TRF**

**New fields (\* indicates required):**

Field Name	Response Options	Description
Most Recent Anti-A Titer* (required only if death or graft failure within the first year after transplant)	1:0, 1:1, 1:2, 1:4, 1:8, 1:16, 1:32, 1:64, 1:128, 1:256, Not taken, Not available; and sample date	for intended blood group incompatible
Most Recent Anti-B Titer* (required only if death or graft failure within the first year after transplant)	1:0, 1:1, 1:2, 1:4, 1:8, 1:16, 1:32, 1:64, 1:128, 1:256, Not taken, Not available; and sample date	for intended blood type incompatible

**Titer Information:**

For those individuals who received a heart and/or lung from a donor with an incompatible blood type, the most recent Anti-A and/or Anti-B titer values must be reported upon graft failure or death.

Titer values entered on the TRR:  
Anti-A Titer at time of transplant:  Sample Date:

Most Recent Anti-A Titer: \*  [VIEW OPTIONS](#) Sample Date: \*

Titer values entered on the TRR:  
Anti-B Titer at time of transplant:  Sample Date:

Most Recent Anti-B Titer: \*  [VIEW OPTIONS](#) Sample Date: \*

## Deceased Donor Registration (DDR)

**1) Form Section: Clinical Information**

**Subsection: Serology**

**Proposal: Improving Post Transplant Communication for New Donors**

**New fields (\* indicates required):**

Field Name	Response Options	Description
Toxoplasma (IgG)*	Positive, Negative, Unknown, Cannot Disclose, Not Done, Indeterminate	N/A

Toxoplasma (IgG) Results\*

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