Note: These worksheets are provided to function as a guide to what data will be required in the online TIEDE® 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 TIEDE® 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.

<table>
<thead>
<tr>
<th>Donor Information</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>OPO:</strong></td>
</tr>
<tr>
<td><strong>Donor Hospital:</strong></td>
</tr>
<tr>
<td><strong>Referral Date:</strong></td>
</tr>
<tr>
<td><strong>Recovered Outside the U.S.:</strong></td>
</tr>
<tr>
<td><strong>Country:</strong></td>
</tr>
<tr>
<td><strong>Last Name:</strong></td>
</tr>
<tr>
<td><strong>DOB:</strong></td>
</tr>
<tr>
<td><strong>Gender:</strong></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Ethnicity/Race:</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>American Indian or Alaska Native</strong></td>
</tr>
<tr>
<td>- American Indian</td>
</tr>
<tr>
<td>- Eskimo</td>
</tr>
<tr>
<td>- Aleutian</td>
</tr>
<tr>
<td>- Alaska Indian</td>
</tr>
<tr>
<td>- American Indian or Alaska Native: Other</td>
</tr>
<tr>
<td>- American Indian or Alaska Native: Not Specified/Unknown</td>
</tr>
<tr>
<td><strong>Black or African American</strong></td>
</tr>
<tr>
<td>- African American</td>
</tr>
<tr>
<td>- African (Continental)</td>
</tr>
<tr>
<td>- West Indian</td>
</tr>
<tr>
<td>- Haitian</td>
</tr>
<tr>
<td>- Black or African American: Other</td>
</tr>
<tr>
<td>- Black or African American: Not Specified/Unknown</td>
</tr>
<tr>
<td><strong>Native Hawaiian or Other Pacific Islander</strong></td>
</tr>
<tr>
<td>- Native Hawaiian</td>
</tr>
<tr>
<td>- Guamanian or Chamorro</td>
</tr>
<tr>
<td>- Samoan</td>
</tr>
<tr>
<td>- Native Hawaiian or Other Pacific Islander: Other</td>
</tr>
<tr>
<td>- Native Hawaiian or Other Pacific Islander: Not Specified/Unknown</td>
</tr>
<tr>
<td><strong>Asian</strong></td>
</tr>
<tr>
<td>- Asian Indian/Indian Sub-Continent</td>
</tr>
<tr>
<td>- Chinese</td>
</tr>
<tr>
<td>- Filipino</td>
</tr>
<tr>
<td>- Japanese</td>
</tr>
<tr>
<td>- Korean</td>
</tr>
<tr>
<td>- Vietnamese</td>
</tr>
<tr>
<td>- Asian: Other</td>
</tr>
<tr>
<td>- Asian: Not Specified/Unknown</td>
</tr>
<tr>
<td><strong>Hispanic/Latino</strong></td>
</tr>
<tr>
<td>- Mexican</td>
</tr>
<tr>
<td>- Puerto Rican (Mainland)</td>
</tr>
<tr>
<td>- Puerto Rican (Island)</td>
</tr>
<tr>
<td>- Cuban</td>
</tr>
<tr>
<td>- Hispanic/Latino: Other</td>
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<tr>
<td>- Hispanic/Latino: Not Specified/Unknown</td>
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<tr>
<td><strong>White</strong></td>
</tr>
<tr>
<td>- European Descent</td>
</tr>
<tr>
<td>- Arab/Middle Eastern</td>
</tr>
<tr>
<td>- North African (non-Black)</td>
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<tr>
<td>- White: Other</td>
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<table>
<thead>
<tr>
<th>Citizenship:</th>
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</thead>
<tbody>
<tr>
<td>- US Citizen</td>
</tr>
<tr>
<td>- Non-US Citizen/US Resident</td>
</tr>
<tr>
<td>- Non-US Citizen/Non-US Resident</td>
</tr>
<tr>
<td>- Unknown</td>
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<table>
<thead>
<tr>
<th>Home Country:</th>
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<td></td>
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<table>
<thead>
<tr>
<th>Cause of Death:</th>
</tr>
</thead>
<tbody>
<tr>
<td>- ANOXIA</td>
</tr>
<tr>
<td>- CEREBROVASCULAR/STROKE</td>
</tr>
<tr>
<td>- HEAD TRAUMA</td>
</tr>
<tr>
<td>- CNS TUMOR</td>
</tr>
<tr>
<td>- OTHER SPECIFY</td>
</tr>
</tbody>
</table>

Specify: [ ]
### 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

### Circumstances of Death:
- MVA
- SUICIDE
- 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

- Did the patient have written documentation of their intent to be a donor:  
  - YES
  - NO

- 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

- 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:

<table>
<thead>
<tr>
<th>Height:</th>
<th>ft</th>
<th>in</th>
<th>cm</th>
<th>ST =</th>
</tr>
</thead>
<tbody>
<tr>
<td>Weight:</td>
<td>lbs</td>
<td>kg</td>
<td>ST =</td>
<td></td>
</tr>
</tbody>
</table>

#### Terminal Lab Data:

- Protein in Urine:  
  - YES
  - NO
  - UNK

- Serum Sodium:  
  - mEq/L | ST = |

- BUN:  
  - mg/dl | ST = |

- Serum Creatinine:  
  - mg/dl | ST = |
<table>
<thead>
<tr>
<th>Test</th>
<th>Value</th>
<th>Normal</th>
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</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>ST=</td>
<td></td>
</tr>
<tr>
<td>Hematocrit</td>
<td>%</td>
<td></td>
</tr>
<tr>
<td>Pancreas (PA Donors Only)</td>
<td>Serum Lipase:</td>
<td>u/L</td>
</tr>
<tr>
<td></td>
<td>Serum Amylase:</td>
<td>u/L</td>
</tr>
<tr>
<td></td>
<td>HbA1c:</td>
<td>%</td>
</tr>
<tr>
<td>Serology</td>
<td>HIV Serology Results:</td>
<td></td>
</tr>
<tr>
<td></td>
<td>HIV Ag/Ab Combo Results:</td>
<td></td>
</tr>
<tr>
<td></td>
<td>HTLV Serology Results:</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Syphilis Serology Results:</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Anti-CMV Serology Results:</td>
<td></td>
</tr>
<tr>
<td></td>
<td>HBsAg Serology Results:</td>
<td></td>
</tr>
<tr>
<td></td>
<td>HBeAb Serology Results:</td>
<td></td>
</tr>
<tr>
<td></td>
<td>HCV Serology Results:</td>
<td></td>
</tr>
<tr>
<td></td>
<td>HBsAb Serology Results:</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

---

**Serology:**

- **HIV Serology Results:**
  - Positive
  - Negative
  - Not Done
  - Indeterminate

- **HIV Ag/Ab Combo Results:**
  - Positive
  - Negative
  - Not Done
  - Indeterminate

- **HTLV Serology Results:**
  - Positive
  - Negative
  - Not Done
  - Indeterminate

- **Syphilis Serology Results:**
  - Positive
  - Negative
  - Not Done
  - Indeterminate

- **Anti-CMV Serology Results:**
  - Positive
  - Negative
  - Not Done
  - Indeterminate

- **HBsAg Serology Results:**
  - Positive
  - Negative
  - Not Done
  - Indeterminate

- **HBeAb Serology Results:**
  - Positive
  - Negative
  - Not Done
  - Indeterminate

- **HCV Serology Results:**
  - Positive
  - Negative
  - Not Done
  - Indeterminate

- **HBsAb Serology Results:**
  - Positive
  - Negative
  - Not Done
  - Indeterminate
<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Status</th>
<th>Status</th>
<th>Status</th>
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</thead>
<tbody>
<tr>
<td>EBV (VCA) (IgG) Serology</td>
<td>Positive</td>
<td>Negative</td>
<td>Not Done</td>
<td>Indeterminate</td>
</tr>
<tr>
<td>EBV (VCA) (IgM) Serology</td>
<td>Positive</td>
<td>Negative</td>
<td>Not Done</td>
<td>Indeterminate</td>
</tr>
<tr>
<td>EBNA Serology Results</td>
<td>Positive</td>
<td>Negative</td>
<td>Not Done</td>
<td>Indeterminate</td>
</tr>
<tr>
<td>Chagas Serology Results</td>
<td>Positive</td>
<td>Negative</td>
<td>Not Done</td>
<td>Indeterminate</td>
</tr>
<tr>
<td>West Nile Serology Results</td>
<td>Positive</td>
<td>Negative</td>
<td>Not Done</td>
<td>Indeterminate</td>
</tr>
<tr>
<td>Toxoplasma (IgG) Results</td>
<td>Positive</td>
<td>Negative</td>
<td>Not Done</td>
<td>Indeterminate</td>
</tr>
<tr>
<td>Strongyloides</td>
<td>Positive</td>
<td>Negative</td>
<td>Not Done</td>
<td>Indeterminate</td>
</tr>
<tr>
<td>NAT Results</td>
<td>Positive</td>
<td>Negative</td>
<td>Not Done</td>
<td>Indeterminate</td>
</tr>
<tr>
<td>HIV NAT Results</td>
<td>Positive</td>
<td>Negative</td>
<td>Not Done</td>
<td>Indeterminate</td>
</tr>
<tr>
<td>HBV NAT Results</td>
<td>Positive</td>
<td>Negative</td>
<td>Not Done</td>
<td>Indeterminate</td>
</tr>
<tr>
<td>HCV NAT Results</td>
<td>Positive</td>
<td>Negative</td>
<td>Not Done</td>
<td>Indeterminate</td>
</tr>
<tr>
<td>HTLV NAT Results</td>
<td>Positive</td>
<td>Negative</td>
<td>Not Done</td>
<td>Indeterminate</td>
</tr>
<tr>
<td>Chagas NAT Results:</td>
<td>Positive</td>
<td>Negative</td>
<td>Not Done</td>
<td>Indeterminate</td>
</tr>
<tr>
<td>---------------------</td>
<td>----------</td>
<td>----------</td>
<td>----------</td>
<td>---------------</td>
</tr>
<tr>
<td>West Nile NAT Results:</td>
<td>Positive</td>
<td>Negative</td>
<td>Not Done</td>
<td>Indeterminate</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:

- **YES**
- **NO**
- **UNK**

- **Specify:**

**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:**
<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>
<tr>
<td>Other, specify:</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Lifestyle Factors</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cigarette Use (&gt; 20 pack years) - Ever:</td>
</tr>
<tr>
<td>AND continued in last six months:</td>
</tr>
<tr>
<td>Cocaine Use - Ever:</td>
</tr>
<tr>
<td>AND continued in last six months:</td>
</tr>
<tr>
<td>Other Drug Use (non - IV) - Ever:</td>
</tr>
<tr>
<td>AND continued in last six months:</td>
</tr>
<tr>
<td>Heavy Alcohol Use (heavy= 2+ drinks/day):</td>
</tr>
<tr>
<td>Tattoos:</td>
</tr>
<tr>
<td>According to the OPTN policy in effect on the date of referral, does the donor have risk factors for blood-borne disease transmission:</td>
</tr>
</tbody>
</table>

<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>
<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>
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<tr>
<td>UNKNOWN</td>
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</table>

<table>
<thead>
<tr>
<th>Insulin Dependent:</th>
</tr>
</thead>
<tbody>
<tr>
<td>NO</td>
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<td>YES, 0-5 YEARS</td>
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<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>
<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, UNKNOWN DURATION</td>
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<tr>
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<th>History of Hypertension:</th>
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<tr>
<td>NO</td>
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<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>
<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, UNKNOWN DURATION</td>
</tr>
<tr>
<td>UNKNOWN</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>If yes, method of control:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Diet:</td>
</tr>
<tr>
<td>Diuretics:</td>
</tr>
<tr>
<td>Other anti-hypertensive medication:</td>
</tr>
</tbody>
</table>
History of Cancer:
Specify:
Cancer Free Interval: ____________________________ years

Cancer at time of procurement:
Intracranial: □ YES □ NO □ UNK
□ Astrocytoma
□ Medulloblastoma
□ Glioblastoma Multiforme
□ Neuroblastoma

Type (for Intracranial):
□ Meningioma
□ Malignant Meningioma
□ Benign Angioblastoma
□ Unknown
□ Other specify

Other Specify:
Extracranial: □ YES □ NO □ UNK
□ Kidney
□ Breast
□ Thyroid
□ Tongue/Throat/Larynx

Type (for Extracranial):
□ Lung
□ Leukemia/Lymphoma
□ Liver
□ Unknown
□ Other specify

Other Specify:
Skin: □ YES □ NO □ UNK
□ Squamous Cell
□ Basal Cell

Type (for Skin):
□ Melanoma
□ Unknown
□ Other specify

Other Specify:
Chagas History: □ YES □ NO □ UNK

TB History: □ YES □ NO

Organ Recovery
Recovery Date (donor to OR):

Was this donor recovered under DCD protocol: □ YES □ NO
If Yes, Controlled:  

If Yes, Date and time of withdrawal of support:

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

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

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

If DCD, Total urine output during OR recovery phase:

If Yes, Core Cooling Used:

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

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

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

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

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

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

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

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

If Yes, Core Cooling Used:  

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

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

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

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

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

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

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

<table>
<thead>
<tr>
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<th>Time (military time)</th>
<th>ST=</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</tbody>
</table>

If Yes, Cardiac and Pulmonary Function:

History of previous MI:

<table>
<thead>
<tr>
<th>YES</th>
<th>NO</th>
<th>UNK</th>
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</table>

LV ejection fraction (%):

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Method:

<table>
<thead>
<tr>
<th>Echo</th>
<th>MUGA</th>
<th>Angiogram</th>
</tr>
</thead>
</table>

If LV, Ejection Fraction < 50%:

Structural Abnormalities:

Valves:  

<table>
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<tr>
<th>YES</th>
<th>NO</th>
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</thead>
</table>

Congenital:  

<table>
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<tr>
<th>YES</th>
<th>NO</th>
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LVH:  

<table>
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<th>YES</th>
<th>NO</th>
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</table>

Wall Abnormalities:

Segmental:  

<table>
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<tr>
<th>YES</th>
<th>NO</th>
</tr>
</thead>
</table>

Global:  

<table>
<thead>
<tr>
<th>YES</th>
<th>NO</th>
</tr>
</thead>
</table>

Heart machine perfusion:  

<table>
<thead>
<tr>
<th>YES</th>
<th>NO</th>
</tr>
</thead>
</table>

Coronary Angiogram:

<table>
<thead>
<tr>
<th>Yes, normal</th>
<th>Yes, not normal</th>
</tr>
</thead>
</table>

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

<table>
<thead>
<tr>
<th>0</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>Unknown</th>
</tr>
</thead>
</table>
### Pulmonary Measurements:

**ABG Results**

- **Blood pH:**
  - ST = [Blank]

- **PCO₂:** [Blank] mmHg
  - ST = [Blank]

- **PO₂:** [Blank] mmHg
  - ST = [Blank]

- **PEEP:** [Blank] mmHg
  - ST = [Blank]

- **FiO₂:** [Blank] ST = [Blank]

  - **A/C**
  - **CMV**
  - **SIMV**
  - **PRVC**
  - **APRV**
  - **HFOV**
  - **Other specify**

- **Ventilator mode:**

**Specify:** [Blank]

Was a pulmonary artery catheter placed:

- [ ] Yes
- [ ] No

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

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

- [ ] No

- [ ] Yes, MYOCARDITIS

- [ ] Yes, NEGATIVE BIOPSY RESULT

- [ ] Yes, OTHER DIAGNOSIS SPECIFY

- **Biopsy (heart donors only):**

  - [ ] Yes, MYOCARDITIS

  - [ ] Yes, NEGATIVE BIOPSY RESULT

  - [ ] Yes, OTHER DIAGNOSIS SPECIFY

- **Other Diagnosis /Specify:** [Blank]

Any Extracorporeal Support Given (ECMO, etc.):

- [ ] Yes
- [ ] No

- **How Long?** hrs ST = [Blank]

- **Flow rate:** L/min ST = [Blank]

Left Kidney Biopsy:

- [ ] Yes
- [ ] No

- **Needle**

- **Wedge**

- **Other specify**

- **Specify:** [Blank]

- [ ] Absent

- [ ] Minimal

- [ ] Mild

- [ ] Mild-moderate

- [ ] Severe

- [ ] Unknown

Interstitial Fibrosis:

- [ ] Mild-moderate

- [ ] Severe

- [ ] Unknown
Vascular changes:
- Absent
- Minimal
- Mild
- Mild-moderate
- Severe
- Unknown

Number of Glomeruli visualized
- 0-5
- 6-10
- 11-15
- 16-20
- 20+
- Indeterminate

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:
- ST=

Transferred to transplant center on pump:
- YES
- NO

Right Kidney Biopsy:
- YES
- NO

Type of biopsy:
- Needle
- Wedge
- Other specify

Specify:
- Absent
- Minimal
- Mild
- Mild-moderate
- Severe
- Unknown
- Absent
- Minimal
- Mild
- Mild-moderate
- Severe
- Unknown

Number of Glomeruli visualized
- 0-5
- 6-10
- 11-15
- 16-20
- 20+
- Indeterminate

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:** |  |
| **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:** |  |
| **% Micro/intermediate vesicular fat:** |  |
| **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
- No chest x-ray
- Normal
- Abnormal-left

Chest X-ray: □ 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#: □ 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
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 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

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#:
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

- 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#:
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

- Authorization Not Requested
- Authorization Not Obtained
- Organ Not Recovered
- Recovered Not for Tx
- Recovered for TX but Not Tx
- Transplanted
- N/A
<table>
<thead>
<tr>
<th>Field</th>
<th>Details</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>If DCD, date and time liver segment 1 recovered/removed from donor:</strong></td>
<td>Date: _________  Time: _________ (military time)</td>
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<tr>
<td><strong>Recipient:</strong></td>
<td></td>
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<tr>
<td><strong>SSN:</strong></td>
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<tr>
<td><strong>TX Center:</strong></td>
<td></td>
</tr>
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<td><strong>Reason Code:</strong></td>
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<tr>
<td>Back Table Flush Solution Volume:</td>
<td></td>
</tr>
<tr>
<td>ST= [ ]</td>
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</tr>
<tr>
<td><strong>Final Flush/Storage Solution:</strong></td>
<td></td>
</tr>
<tr>
<td>Specify</td>
<td></td>
</tr>
<tr>
<td><strong>OPO sent vessels with organ:</strong></td>
<td></td>
</tr>
<tr>
<td><strong>Were extra vessels used in the transplant procedure:</strong></td>
<td></td>
</tr>
<tr>
<td><strong>Vessel Donor ID:</strong></td>
<td></td>
</tr>
</tbody>
</table>

**Liver Segment 2**

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

<table>
<thead>
<tr>
<th>Field</th>
<th>Details</th>
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</thead>
<tbody>
<tr>
<td><strong>If DCD, date and time liver segment 2 recovered/removed from donor:</strong></td>
<td>Date: _________  Time: _________ (military time)</td>
</tr>
<tr>
<td><strong>Recipient:</strong></td>
<td></td>
</tr>
<tr>
<td><strong>SSN:</strong></td>
<td></td>
</tr>
<tr>
<td><strong>TX Center:</strong></td>
<td></td>
</tr>
<tr>
<td><strong>Reason Code:</strong></td>
<td></td>
</tr>
<tr>
<td>Specify</td>
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<tr>
<td><strong>Reason organ not transplanted:</strong></td>
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<tr>
<td>Specify</td>
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<tr>
<td><strong>Recovery Team #:</strong></td>
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<td><strong>Initial Flush Solution:</strong></td>
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<td>Initial Flush Solution Volume:</td>
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<td><strong>Back Table Flush Solution:</strong></td>
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</tr>
<tr>
<td>Specify</td>
<td></td>
</tr>
<tr>
<td>Back Table Flush Solution Volume:</td>
<td></td>
</tr>
<tr>
<td>ST= [ ]</td>
<td></td>
</tr>
<tr>
<td><strong>Final Flush/Storage Solution:</strong></td>
<td></td>
</tr>
<tr>
<td>Specify</td>
<td></td>
</tr>
<tr>
<td><strong>OPO sent vessels with organ:</strong></td>
<td></td>
</tr>
<tr>
<td><strong>Were extra vessels used in the transplant procedure:</strong></td>
<td></td>
</tr>
<tr>
<td><strong>Vessel Donor ID:</strong></td>
<td></td>
</tr>
</tbody>
</table>

**Intestine**
<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 whole intestine 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#:

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>Intestine Segment 1</th>
</tr>
</thead>
<tbody>
<tr>
<td>Authorization Not Requested</td>
</tr>
<tr>
<td>Authorization Not Obtained</td>
</tr>
<tr>
<td>Organ Not Recovered</td>
</tr>
<tr>
<td>Recovered Not for Tx</td>
</tr>
<tr>
<td>Recovered for TX but Not Tx</td>
</tr>
<tr>
<td>Transplanted</td>
</tr>
<tr>
<td>N/A</td>
</tr>
</tbody>
</table>

If DCD, date and time Intestine segment 1 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#:

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
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 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

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: