

# Records ?

## Deceased Donor Registration Worksheet

FORM APPROVED: O.M.B. NO. 0915-0157 Expiration Date: 07/31/2020

Note: These worksheets are provided to function as a guide to what data will be required in the online TIEDI® application. Currently in the worksheet, a red asterisk is displayed by fields that are required, independent of what other data may be provided. Based on data provided through the online TIEDI® application, additional fields that are dependent on responses provided in these required fields may become required as well. However, since those fields are not required in every case, they are not marked with a red asterisk.

Donor ID:

Donor Information		
<b>OPO:</b>		
<b>Donor Hospital:</b>		
<b>Referral Date:*</b>	<input type="text"/>	
<b>Recovered Outside the U.S.:*</b>	<input type="radio"/> YES <input type="radio"/> NO	
<b>Country:</b>	<input type="text"/>	
<b>Last Name:*</b>	<b>First Name:*</b>	<b>MI:</b>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<b>DOB:</b>	<input type="text"/>	
<b>Age:</b>	<input type="text"/>	<input type="radio"/> Months <input type="radio"/> Years
<b>Gender:*</b>	<input type="radio"/> Male <input type="radio"/> Female	
<b>Home City:*</b>	<b>State:</b>	<b>Zip Code:</b>
<input type="text"/>	<input type="text"/>	<input type="text"/> - <input type="text"/>
<b>Ethnicity/Race:*</b>		
<input type="checkbox"/> American Indian or Alaska Native	<input type="checkbox"/> Asian	
<input type="checkbox"/> American Indian	<input type="checkbox"/> Asian Indian/Indian Sub-Continent	
<input type="checkbox"/> Eskimo	<input type="checkbox"/> Chinese	
<input type="checkbox"/> Aleutian	<input type="checkbox"/> Filipino	
<input type="checkbox"/> Alaska Indian	<input type="checkbox"/> Japanese	
<input type="checkbox"/> American Indian or Alaska Native: Other	<input type="checkbox"/> Korean	
<input type="checkbox"/> American Indian or Alaska Native: Not Specified/Unknown	<input type="checkbox"/> Vietnamese	
	<input type="checkbox"/> Asian: Other	
	<input type="checkbox"/> Asian: Not Specified/Unknown	
<b>Black or African American</b>	<b>Hispanic/Latino</b>	
<input type="checkbox"/> African American	<input type="checkbox"/> Mexican	
<input type="checkbox"/> African (Continental)	<input type="checkbox"/> Puerto Rican (Mainland)	
<input type="checkbox"/> West Indian	<input type="checkbox"/> Puerto Rican (Island)	
<input type="checkbox"/> Haitian	<input type="checkbox"/> Cuban	
<input type="checkbox"/> Black or African American: Other	<input type="checkbox"/> Hispanic/Latino: Other	
<input type="checkbox"/> Black or African American: Not Specified/Unknown	<input type="checkbox"/> Hispanic/Latino: Not Specified/Unknown	
<b>Native Hawaiian or Other Pacific Islander</b>	<b>White</b>	
<input type="checkbox"/> Native Hawaiian	<input type="checkbox"/> European Descent	
<input type="checkbox"/> Guamanian or Chamorro	<input type="checkbox"/> Arab or Middle Eastern	
<input type="checkbox"/> Samoan	<input type="checkbox"/> North African (non-Black)	
<input type="checkbox"/> Native Hawaiian or Other Pacific Islander: Other	<input type="checkbox"/> White: Other	
<input type="checkbox"/> Native Hawaiian or Other Pacific Islander: Not Specified/Unknown	<input type="checkbox"/> White: Not Specified/Unknown	
<b>Citizenship:*</b>	<input type="radio"/> US Citizen	
	<input type="radio"/> Non-US Citizen/US Resident	
	<input type="radio"/> Non-US Citizen/Non-US Resident	
	<input type="radio"/> Unknown	
<b>Home Country:</b>	<input type="text"/>	
<b>Cause of Death:*</b>	<input type="radio"/> ANOXIA	
	<input type="radio"/> CEREBROVASCULAR/STROKE	
	<input type="radio"/> HEAD TRAUMA	
	<input type="radio"/> CNS TUMOR	
	<input type="radio"/> OTHER SPECIFY	
<b>Specify:</b>	<input type="text"/>	
<b>Mechanism of Death:*</b>	<input type="radio"/> DROWNING	
	<input type="radio"/> SEIZURE	
	<input type="radio"/> ASPHYXIATION	
	<input type="radio"/> ELECTRICAL	
	<input type="radio"/> STAB	
	<input type="radio"/> SIDS	
	<input type="radio"/> DEATH FROM NATURAL CAUSES	

DRUG INTOXICATION  
 CARDIOVASCULAR  
 GUNSHOT WOUND  
 BLUNT INJURY  
 INTRACRANIAL HEMORRHAGE/STROKE  
 NONE OF THE ABOVE  
  
 MVA  
 SUICIDE  
 HOMICIDE  
 CHILD-ABUSE  
 Accident, Non-MVA  
 DEATH FROM NATURAL CAUSES  
 NONE OF THE ABOVE

Circumstances of Death: \*

**Procurement and Authorization**

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

Medical Examiner/Coroner: \*

YES  NO

Was the patient declared legally brain dead: \*

YES  NO

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

YES  NO

If Yes, Duration of Resuscitation:  min ST=

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

If yes, indicate mechanisms (check all that apply):

Driver's license  Donor Card  Donor Registry  
 Durable Power of Attorney / Healthcare Proxy  Advanced Directive

Other Specify

Was the authorization based solely on this documentation  YES  NO

Did the patient express to family or others the intent to be a donor: \*  YES  NO  UNK

Date and time of pronouncement of death: (Complete for brain dead and DCD donors): Date:  Time:  (military time)

Date and time authorization obtained for organ donation: Date:  Time:  (military time)

**Clinical Information**

**ABO Blood Group:**

Height: \*  ft  in  cm ST=   
 Weight: \*  lbs  kg ST=

**Terminal Lab Data:**

YES  NO  UNK

Protein in Urine: \*

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 Lipase: \*  u/L ST=   
 Serum Amylase: \*  u/L ST=   
 HbA1c: \*  % ST=

**Serology:**

HIV Serology Results: \*  Positive  Negative

HIV Ag / Ab Combo Assay Results: \*

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

HTLV Serology Results: \*

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

Syphilis Serology Results: \*

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

Anti-CMV Serology Results: \*

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

HBsAg Serology Results: \*

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

HBcAb Serology Results: \*

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

HCV Serology Results: \*

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

HBsAb Serology Results: \*

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

EBV (VCA) (IgG) Serology Results: \*

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

EBV (VCA) (IgM) Serology Results: \*

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

EBNA Serology Results: \*

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

Chagas Serology Results: \*

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

West Nile Serology Results: \*

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

Toxoplasma (IgG) Results \*

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

NAT Results:

HIV NAT Results: \*

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

HBV NAT Results: \*

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

HCV NAT Results: \*

- Positive

- Negative
  - Unknown
  - Cannot Disclose
  - Not Done
  - Indeterminate
- HTLV NAT Results: \*
- Positive
  - Negative
  - Unknown
  - Cannot Disclose
  - Not Done
  - Indeterminate
- Chagas NAT Results: \*
- Positive
  - Negative
  - Unknown
  - Cannot Disclose
  - Not Done
  - Indeterminate
- West Nile NAT Results: \*
- Positive
  - Negative
  - Unknown
  - Cannot Disclose
  - Not Done
  - Indeterminate

**Donor Management: (Any medications administered within 24 hours prior to crossclamp.)**

- Steroids: \*  YES  NO  UNK
- Diuretics: \*  YES  NO  UNK
- T3: \*  YES  NO  UNK
- T4: \*  YES  NO  UNK
- Antihypertensives: \*  YES  NO  UNK
- Vasodilators: \*  YES  NO  UNK
- DDAVP: \*  YES  NO  UNK
- Heparin: \*  YES  NO  UNK
- Arginine Vasopressin: \*  YES  NO  UNK
- Insulin: \*  YES  NO  UNK
- Other/Specify:
- Other/Specify:
- Other/Specify:

- Inotropic Medications at Time of Cross Clamp:**  YES  NO  UNK

Medication:	<input type="radio"/> Dopamine <input type="radio"/> Dobutamine <input type="radio"/> Epinephrine <input type="radio"/> Levophed <input type="radio"/> Neosynephrine <input type="radio"/> Isoproterenol (Isuprel) <input type="radio"/> Other, specify	Specify: <input type="text"/>
Medication:	<input type="radio"/> Dopamine <input type="radio"/> Dobutamine <input type="radio"/> Epinephrine <input type="radio"/> Levophed <input type="radio"/> Neosynephrine <input type="radio"/> Isoproterenol (Isuprel) <input type="radio"/> Other, specify	Specify: <input type="text"/>
Medication:	<input type="radio"/> Dopamine <input type="radio"/> Dobutamine <input type="radio"/> Epinephrine <input type="radio"/> Levophed <input type="radio"/> Neosynephrine <input type="radio"/> Isoproterenol (Isuprel) <input type="radio"/> Other, specify	Specify: <input type="text"/>

Number of transfusions during this (terminal) hospitalization: \*

NONE  
 1 - 5  
 6 - 10  
 GREATER THAN 10  
 UNKNOWN

Clinical Infection Confirmed by Culture: \*

YES  NO  UNK

Source

Blood  
 Lung  
 Urine  
 Other

Other, specify:

**Lifestyle Factors**

Cigarette Use (> 20 pack years) - Ever: \*

YES  NO  UNK

AND continued in last six months:  YES  NO  UNK

Cocaine Use - Ever: \*

YES  NO  UNK

AND continued in last six months:  YES  NO  UNK

Other Drug Use (non - IV) - Ever: \*

YES  NO  UNK

AND continued in last six months:  YES  NO  UNK

Heavy Alcohol Use (heavy= 2+ drinks/day): \*

YES  NO  UNK

Tattoos: \*

YES  NO  UNK

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

YES  NO  UNK

History of Diabetes: \*

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

Insulin Dependent:

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

History of Hypertension:\*

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

If yes, method of control:

Diet:  YES  NO  UNK

Diuretics:  YES  NO  UNK

Other anti-hypertensive medication:  YES  NO  UNK

History of Cancer:\*

Specify:

Cancer Free Interval:

 years

ST=

Cancer at time of procurement:

Intracranial:

YES  NO  UNK

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

Type (for Intracranial):

Other Specify:

Extracranial:

YES  NO  UNK

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

Type (for Extracranial):

Other Specify:

Skin:

YES  NO  UNK

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

Type (for Skin):

Other Specify:

Chagas History:\*

YES  NO  UNK

TB History:\*

YES  NO  UNK

Organ Recovery

Recovery Date (donor to OR):

Was this donor recovered under DCD protocol:

YES  NO

If Yes, Controlled:

YES  NO  UNK

If Yes, Date and time of withdrawal of support:

Date:

Time:  (military time)

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

Date:

Time:  (military time)

If DCD, Total urine output during OR recovery phase:

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

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

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

If Yes, Core Cooling Used:

YES  NO

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

Date:

Time:  (military time)

ST=

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

Date:

Time:  (military time)

ST=

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

Date:

Time:  (military time)

ST=

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

Date:

Time:  (military time)

ST=

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

YES  NO

Clamp Date:

Clamp Time: (Military Time)

ST=

- Eastern
- Central
- Mountain
- Pacific
- Alaska
- Hawaii
- Atlantic

Clamp Time Zone:

All Donors Cardiac and Pulmonary Function:

History of previous MI:

YES  NO  UNK

LV ejection fraction (%):

ST=

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

**Pulmonary Measurements:**

**ABG Results**

Blood pH:  ST=

PCO<sub>2</sub>:\*  mmHg ST=

PO<sub>2</sub>:  mmHg ST=

PEEP:  mm/Hg ST=

FiO<sub>2</sub>:\*  ST=

A/C

CMV

SIMV

Ventilator mode:

PRVC

APRV

HFOV

Other specify

Specify:

Was a pulmonary artery catheter placed:

YES  NO

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

	Initial		Final	
MAP: (mmHg)	<input type="text"/>	ST= <input type="text"/>	<input type="text"/>	ST= <input type="text"/>

CVP: (mmHg)	<input type="text"/>	ST= <input type="text"/>	<input type="text"/>	ST= <input type="text"/>
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PCWP: (mmHg)	<input type="text"/>	ST= <input type="text"/>	<input type="text"/>	ST= <input type="text"/>
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SVR: ((dynes/sec/cm) <sup>5</sup> )	<input type="text"/>	ST= <input type="text"/>	<input type="text"/>	ST= <input type="text"/>
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PA Systolic: (mmHg)	<input type="text"/>	ST= <input type="text"/>	<input type="text"/>	ST= <input type="text"/>
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PA Diastolic: (mmHg)	<input type="text"/>	ST= <input type="text"/>	<input type="text"/>	ST= <input type="text"/>
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CO: (L/min)	<input type="text"/>	ST= <input type="text"/>	<input type="text"/>	ST= <input type="text"/>
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Cardiac Index: (L/min/sq.m)	<input type="text"/>	ST= <input type="text"/>	<input type="text"/>	ST= <input type="text"/>
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NO

YES, MYOCARDITIS

YES, NEGATIVE BIOPSY RESULT

YES, OTHER DIAGNOSIS SPECIFY

Biopsy (heart donors only):

Other Diagnosis /Specify:

Any Extracorporeal Support Given (ECMO, etc.):

YES  NO

How Long?  hrs ST=

Flow rate:  L/min ST=

Left Kidney Biopsy:

YES  NO

Needle

Type of biopsy:

Wedge

Other specify

Specify:

Absent

Minimal

Mild

Interstitial Fibrosis:

Mild-moderate

Severe

Unknown

Vascular changes:

Absent

Minimal

Mild

- Mild-moderate
- Severe
- Unknown

Number of Glomeruli visualized

ST=

- 0-5
- 6-10
- 11-15
- 16-20
- 20+
- Indeterminate

Glomerulosclerosis %:

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:

Interstitial Fibrosis:

- Absent
- Minimal
- Mild
- Mild-moderate
- Severe
- Unknown

Vascular changes:

- Absent
- Minimal
- Mild
- Mild-moderate
- Severe
- Unknown

Number of Glomeruli visualized

ST=

- 0-5
- 6-10
- 11-15
- 16-20
- 20+
- Indeterminate

Glomerulosclerosis %:

Pump:

- YES  NO

Type of Right Kidney Pump/Machine:

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

Specify:

Final Resistance Prior to Shipping:

ST=

Transferred to transplant center on pump:

- YES  NO

Liver Biopsy:

- YES  NO

Type of Liver Biopsy

- Core
- Wedge
- Other specify

Specify:

Fibrosis:

- No Fibrosis
- Fibrosis expansion of some portal areas, with or without short fibrous septa
- Fibrosis expansion of most portal areas, with or without short fibrous septa
- Fibrosis expansion of most portal areas, with occasional portal to portal bridging
- Fibrosis expansion of portal areas, with marked bridging (portal to portal as well as portal to central)
- Marked bridging with occasional nodules (incomplete cirrhosis)
- Cirrhosis, probable or definite

Portal Infiltrates:

- None Noted
- Mild, some or all portal areas
- Moderate, some or all portal areas
- Moderate/Marked
- Marked, all portal areas

% Macro vesicular fat:

 %

ST=

% Micro/intermediate vesicular fat:

 %

ST=

Liver Machine Perfusion:\*

- YES  NO

Type of Liver Machine Perfusion:

- Normothermic
- Hypothermic
- Other/Specify

Specify:

Left Lung Bronchoscopy:

- No Bronchoscopy
- Bronchoscopy Results normal
- Bronchoscopy Results, Abnormal-purulent secretions
- Bronchoscopy Results, Abnormal-aspiration of foreign body
- Bronchoscopy Results, Abnormal-blood
- Bronchoscopy Results, Abnormal-anatomy/other lesion
- Bronchoscopy Results, Unknown
- Unknown if bronchoscopy performed

Left Lung Machine Perfusion Intended or Performed:

- YES  NO

Right Lung Bronchoscopy:

- No Bronchoscopy
- Bronchoscopy Results normal
- Bronchoscopy Results, Abnormal-purulent secretions
- Bronchoscopy Results, Abnormal-aspiration of foreign body
- Bronchoscopy Results, Abnormal-blood
- Bronchoscopy Results, Abnormal-anatomy/other lesion
- Bronchoscopy Results, Unknown

Unknown if bronchoscopy performed

Right Lung Machine Perfusion Intended or Performed:

YES  NO

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

Organ:

Authorization Not Requested

Authorization Not Obtained

Organ Not Recovered

Recovered Not for Tx

Recovered for TX but Not Tx

Transplanted

N/A

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

Date:

Time:  (military time)

Recipient:

SSN:

TX Center:

Reason Code:

Specify:

Reason organ not transplanted:

Specify:

Recovery Team#:

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#:

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 En Bloc 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 double/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#:   
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#:

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:

ST=

ST=

**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:\*   
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:

ST=

ST=

**Pancreas Segment 2**

Organ:

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

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

Date:

Time:  (military time)

Recipient:  
SSN:  
TX Center:  
Reason Code:   
Specify:   
Reason organ not transplanted:   
Specify:   
Recovery Team#:

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:

ST=

ST=

**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:

ST=

ST=

**Liver Segment 1**

Organ:

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

**If DCD, date and time liver segment 1 recovered/removed from donor:**

Date:

Time:  (military time)

Recipient:  
SSN:  
TX Center:  
Reason Code:   
Specify:   
Reason organ not transplanted:   
Specify:   
Recovery Team#:

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:

ST=

ST=

**Liver Segment 2**

Organ:

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

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

Date:

Time:  (military time)

Recipient:  
SSN:  
TX Center:  
Reason Code:   
Specify:   
Reason organ not transplanted:  
Specify:   
Recovery Team#:   
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:

ST=

ST=

**Intestine**

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 intestine 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:

**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#:   
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: 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:

**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: 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:

**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#:   
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**

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 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#:

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: