

Records ?

Deceased Donor Registration Worksheet

FORM APPROVED: O.M.B. NO. 0915-0157 Expiration Date: 08/31/2007

Donor ID:

Donor Information				
OPO:				
Donor Hospital:				
Referral Date:	<input style="width: 100%;" type="text"/>			
Recovered Outside the U.S.:	<input type="radio"/> YES <input type="radio"/> NO			
Country:	<input style="width: 100%;" type="text"/>			
Last Name:	<input style="width: 100%;" type="text"/>			
First Name:	<input style="width: 100%;" type="text"/>			
DOB:	<input style="width: 100%;" type="text"/>			
Age:	<input style="width: 50px;" type="text"/>	<input type="radio"/> Months <input type="radio"/> Years		
Gender:	<input type="radio"/> Male <input type="radio"/> Female			
Home City:	State:	Zip Code:		
<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 50px;" type="text"/> - <input style="width: 50px;" type="text"/>		
Ethnicity/Race:				
<table style="width: 100%; border: none;"> <tr> <td style="width: 50%; vertical-align: top;"> <p>American Indian or Alaska Native</p> <p><input type="checkbox"/> American Indian</p> <p><input type="checkbox"/> Eskimo</p> <p><input type="checkbox"/> Aleutian</p> <p><input type="checkbox"/> Alaska Indian</p> <p><input type="checkbox"/> American Indian or Alaska Native: Other</p> <p><input type="checkbox"/> American Indian or Alaska Native: Not Specified/Unknown</p> <p>Black or African American</p> <p><input type="checkbox"/> African American</p> <p><input type="checkbox"/> African (Continental)</p> <p><input type="checkbox"/> West Indian</p> <p><input type="checkbox"/> Haitian</p> <p><input type="checkbox"/> Black or African American: Other</p> <p><input type="checkbox"/> Black or African American: Not Specified/Unknown</p> <p>Native Hawaiian or Other Pacific Islander</p> <p><input type="checkbox"/> Native Hawaiian</p> <p><input type="checkbox"/> Guamanian or Chamorro</p> <p><input type="checkbox"/> Samoan</p> <p><input type="checkbox"/> Native Hawaiian or Other Pacific Islander: Other</p> <p><input type="checkbox"/> Native Hawaiian or Other Pacific Islander: Not Specified/Unknown</p> </td> <td style="width: 50%; vertical-align: top;"> <p>Asian</p> <p><input type="checkbox"/> Asian Indian/Indian Sub-Continent</p> <p><input type="checkbox"/> Chinese</p> <p><input type="checkbox"/> Filipino</p> <p><input type="checkbox"/> Japanese</p> <p><input type="checkbox"/> Korean</p> <p><input type="checkbox"/> Vietnamese</p> <p><input type="checkbox"/> Asian: Other</p> <p><input type="checkbox"/> Asian: Not Specified/Unknown</p> <p>Hispanic/Latino</p> <p><input type="checkbox"/> Mexican</p> <p><input type="checkbox"/> Puerto Rican (Mainland)</p> <p><input type="checkbox"/> Puerto Rican (Island)</p> <p><input type="checkbox"/> Cuban</p> <p><input type="checkbox"/> Hispanic/Latino: Other</p> <p><input type="checkbox"/> Hispanic/Latino: Not Specified/Unknown</p> <p>White</p> <p><input type="checkbox"/> European Descent</p> <p><input type="checkbox"/> Arab or Middle Eastern</p> <p><input type="checkbox"/> North African (non-Black)</p> <p><input type="checkbox"/> White: Other</p> <p><input type="checkbox"/> White: Not Specified/Unknown</p> </td> </tr> </table>			<p>American Indian or Alaska Native</p> <p><input type="checkbox"/> American Indian</p> <p><input type="checkbox"/> Eskimo</p> <p><input type="checkbox"/> Aleutian</p> <p><input type="checkbox"/> Alaska Indian</p> <p><input type="checkbox"/> American Indian or Alaska Native: Other</p> <p><input type="checkbox"/> American Indian or Alaska Native: Not Specified/Unknown</p> <p>Black or African American</p> <p><input type="checkbox"/> African American</p> <p><input type="checkbox"/> African (Continental)</p> <p><input type="checkbox"/> West Indian</p> <p><input type="checkbox"/> Haitian</p> <p><input type="checkbox"/> Black or African American: Other</p> <p><input type="checkbox"/> Black or African American: Not Specified/Unknown</p> <p>Native Hawaiian or Other Pacific Islander</p> <p><input type="checkbox"/> Native Hawaiian</p> <p><input type="checkbox"/> Guamanian or Chamorro</p> <p><input type="checkbox"/> Samoan</p> <p><input type="checkbox"/> Native Hawaiian or Other Pacific Islander: Other</p> <p><input type="checkbox"/> Native Hawaiian or Other Pacific Islander: Not Specified/Unknown</p>	<p>Asian</p> <p><input type="checkbox"/> Asian Indian/Indian Sub-Continent</p> <p><input type="checkbox"/> Chinese</p> <p><input type="checkbox"/> Filipino</p> <p><input type="checkbox"/> Japanese</p> <p><input type="checkbox"/> Korean</p> <p><input type="checkbox"/> Vietnamese</p> <p><input type="checkbox"/> Asian: Other</p> <p><input type="checkbox"/> Asian: Not Specified/Unknown</p> <p>Hispanic/Latino</p> <p><input type="checkbox"/> Mexican</p> <p><input type="checkbox"/> Puerto Rican (Mainland)</p> <p><input type="checkbox"/> Puerto Rican (Island)</p> <p><input type="checkbox"/> Cuban</p> <p><input type="checkbox"/> Hispanic/Latino: Other</p> <p><input type="checkbox"/> Hispanic/Latino: Not Specified/Unknown</p> <p>White</p> <p><input type="checkbox"/> European Descent</p> <p><input type="checkbox"/> Arab or Middle Eastern</p> <p><input type="checkbox"/> North African (non-Black)</p> <p><input type="checkbox"/> White: Other</p> <p><input type="checkbox"/> White: Not Specified/Unknown</p>
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<p style="text-align: center;"><input type="radio"/> U.S. CITIZEN</p> <p style="text-align: center;"><input type="radio"/> RESIDENT ALIEN</p> <p style="text-align: center;"><input type="radio"/> NON-RESIDENT ALIEN, Specify Country</p>				
Citizenship:	<input style="width: 100%;" type="text"/>			
Home Country:	<input style="width: 100%;" type="text"/>			
<p style="text-align: center;"><input type="radio"/> ANOXIA</p> <p style="text-align: center;"><input type="radio"/> CEREBROVASCULAR/STROKE</p> <p style="text-align: center;"><input type="radio"/> HEAD TRAUMA</p> <p style="text-align: center;"><input type="radio"/> CNS TUMOR</p> <p style="text-align: center;"><input type="radio"/> OTHER SPECIFY</p>				
Cause of Death:				

Specify:

DROWNING
 SEIZURE
 ASPHYXIATION
 ELECTRICAL
 STAB
 SIDS

Mechanism of Death:

DEATH FROM NATURAL CAUSES
 DRUG INTOXICATION
 CARDIOVASCULAR
 GUNSHOT WOUND
 BLUNT INJURY
 INTRACRANIAL HEMORRHAGE/STROKE
 NONE OF THE ABOVE

MVA
 SUICIDE
 HOMICIDE

Circumstances of Death:

CHILD-ABUSE
 NON-MVA
 DEATH FROM NATURAL CAUSES
 NONE OF THE ABOVE

Procurement and Consent

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

Medical Examiner/Coroner:

YES NO UNK

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

Other Specify

Was the consent based solely on this documentation:

YES NO

Did the patient express to family or others the intent to be a donor:

YES NO UNK

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

Time consent obtained for first organ: (military time)

Clinical Information

ABO Blood Group:

Height: ft in cm **ST=**

Weight: lbs kg **ST=**

Terminal Lab Data:

Serum Creatinine: mg/dl **ST=**

BUN: mg/dl **ST=**

Total Bilirubin: mg/dl **ST=**

SGOT/AST: u/L **ST=**

SGPT/ALT: u/L **ST=**

Protein in Urine: YES NO UNK

Last Serum Sodium Prior to Procurement:	<input type="text"/> mEq/L	ST= <input type="text"/>
INR:	<input type="text"/>	ST= <input type="text"/>
Blood PH:	<input type="text"/>	ST= <input type="text"/>
Hematocrit:	<input type="text"/> %	ST= <input type="text"/>
Pancreas (PA Donors Only):		
Serum Lipase:	<input type="text"/> u/L	ST= <input type="text"/>
Serum Amylase:	<input type="text"/> u/L	ST= <input type="text"/>

Serology:

	<input type="radio"/> Positive <input type="radio"/> Negative <input type="radio"/> Unknown <input type="radio"/> Cannot Disclose <input type="radio"/> Not Done <input type="radio"/> Indeterminate
Anti-HIV I/II:	<input type="radio"/> Positive <input type="radio"/> Negative <input type="radio"/> Unknown <input type="radio"/> Cannot Disclose <input type="radio"/> Not Done <input type="radio"/> Indeterminate
Anti-HTLV I/II:	<input type="radio"/> Positive <input type="radio"/> Negative <input type="radio"/> Unknown <input type="radio"/> Cannot Disclose <input type="radio"/> Not Done <input type="radio"/> Indeterminate
RPR-VDRL:	<input type="radio"/> Positive <input type="radio"/> Negative <input type="radio"/> Unknown <input type="radio"/> Cannot Disclose <input type="radio"/> Not Done <input type="radio"/> Indeterminate
Anti-CMV:	<input type="radio"/> Positive <input type="radio"/> Negative <input type="radio"/> Unknown <input type="radio"/> Cannot Disclose <input type="radio"/> Not Done <input type="radio"/> Indeterminate
HBsAg:	<input type="radio"/> Positive <input type="radio"/> Negative <input type="radio"/> Unknown <input type="radio"/> Cannot Disclose <input type="radio"/> Not Done <input type="radio"/> Indeterminate
Anti-HBC:	<input type="radio"/> Positive <input type="radio"/> Negative <input type="radio"/> Unknown <input type="radio"/> Cannot Disclose <input type="radio"/> Not Done <input type="radio"/> Indeterminate
Anti-HCV:	<input type="radio"/> Positive <input type="radio"/> Negative <input type="radio"/> Unknown <input type="radio"/> Cannot Disclose <input type="radio"/> Not Done

Indeterminate

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

Steroids (methylprednisolone): YES NO UNK

Diuretics: YES NO UNK

T3: YES NO UNK

T4: YES NO UNK

Anticonvulsants: 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:

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

Specify:

Dosage At Time of Cross Clamp:

- Dosage Units:
- mcg/kg/min
 - mcg/min
 - mg/min
 - units/hr

Final Dosage Duration:

hours

Medication:

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

Specify:

Dosage At Time of Cross Clamp:

- Dosage Units:
- mcg/kg/min
 - mcg/min
 - mg/min
 - units/hr

Final Dosage Duration:

hours

- Dopamine
- Dobutamine
- Epinephrine

Medication: Levophed Neosynephrine Isoproterenol (Isuprel) Other, specify

Specify:

Dosage At Time of Cross Clamp:

Final Dosage Duration: hours

Dosage Units:
 mcg/kg/min
 mcg/min
 mg/min
 units/hr

Number of transfusions during this (terminal) hospitalization:
 NONE
 1 - 5
 6 - 10
 GREATER THAN 10
 UNKNOWN

Three or more inotropic agents at time of incision: YES NO

Cardiac arrest since neurological event that led to declaration of brain death: YES NO

If Yes, Duration of Resuscitation: min ST=

Clinical Infection: YES NO UNK

Source	Confirmed by Culture
<input type="checkbox"/> Blood	<input type="radio"/> YES <input type="radio"/> NO
<input type="checkbox"/> Lung	<input type="radio"/> YES <input type="radio"/> NO
<input type="checkbox"/> Urine	<input type="radio"/> YES <input type="radio"/> NO
<input type="checkbox"/> Other	<input type="radio"/> YES <input type="radio"/> NO

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

Does the Donor meet CDC guidelines for "High Risk" for an organ donor: YES NO UNK

History of Diabetes:
 NO
 YES, 0-5 YEARS
 YES, 6-10 YEARS
 YES, >10 YEARS
 YES, DURATION UNKNOWN
 UNKNOWN
 NO
 YES, 0-5 YEARS

Insulin Dependent:

YES, 6-10 YEARS

YES, >10 YEARS

YES, DURATION UNKNOWN

UNKNOWN

NO

YES, 0-5 YEARS

History of Hypertension:

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 Hypertensive Medication: YES NO UNK

History of Cancer:

Specify:

Cancer Free Interval: years **ST=**

Cancer at time of procurement:

Intracranial: YES NO UNK

Extracranial: YES NO UNK

Skin: YES NO UNK

Organ Recovery

Recovery Date (donor to OR):

Was this a DCD donor (non - heartbeating): YES NO

If Yes, Controlled: YES NO UNK

If Yes, Core Cooling Used: YES NO

If Yes, Estimated Warm Ischemic Time: min **ST=**

Clamp Date:

Clamp Time: (Military Time) **ST=**

Clamp Time Zone:

EASTERN

CENTRAL

MOUNTAIN

PACIFIC

ALASKA

HAWAII

ATLANTIC

All Donors Cardiac and Pulmonary Function:

History of previous MI: YES NO UNK

LV ejection fraction (%): **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

No

Coronary Angiogram:

Yes, normal

Yes, not normal

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

Pulmonary Measurements:

Lung - Was pO2 done: YES NO UNK

If Yes, Lung pO2:

ST=

mm/Hg

If Yes, Lung pO2 on FiO2 of:

Room Air 40 percent 60 percent 100 percent

pCO2:

ST=

mm/Hg

Was a pulmonary artery catheter placed:

YES NO

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

Initial

Final

Map: (mm/Hg)

 ST=

 ST=

CVP: (mm/Hg)

 ST=

 ST=

PCWP: (mm/Hg)

 ST=

 ST=

SVR: (dynes/sec/cm)⁵

 ST=

 ST=

PA Systolic: (mm/Hg)

 ST=

 ST=

PA Diastolic: (mm/Hg)

 ST=

 ST=

CO: (L/min)

 ST=

 ST=

Cardiac Index: (L/min/sq.m)

 ST=

 ST=

NO

YES, MYOCARDITIS

YES, NEGATIVE BIOPSY RESULT

YES, OTHER DIAGNOSIS SPECIFY

Biopsy (heart donors only):

Other Diagnosis /Specify:

Left Kidney Biopsy:

YES NO

0-5

Glomerulosclerosis:

6-10

11-15
 16-20
 20+

Pump: YES NO

Final Resistance Prior to Shipping: mm/Hg/(ml/min) **ST=**

Transferred on pump: YES NO

Right Kidney Biopsy: YES NO

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

Glomerulosclerosis:

Pump: YES NO

Final Resistance Prior to Shipping: mm/Hg/(ml/min) **ST=**

Transferred on pump: YES NO

Liver Biopsy: YES NO

% Macro vesicular fat: % **ST=**

% Micro/intermediate vesicular fat: % **ST=**

Other Histology (check all that apply):

Hemosidera:
 Granulomas:
Other 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

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

Chest X-ray:

- No chest x-ray
- Normal
- Abnormal-left
- Abnormal-right
- Abnormal-both
- Results Unknown
- Unknown if chest x-ray performed

Organ Dispositions	
Right Kidney	
Organ:	<input type="radio"/> Consent Not Requested <input type="radio"/> Consent Not Obtained <input type="radio"/> Organ Not Recovered <input type="radio"/> Recovered Not for Tx <input type="radio"/> Recovered for TX but Not Tx <input type="radio"/> Transplanted <input type="radio"/> N/A
Recipient:	
SSN:	
TX Center:	
Reason Code:	<input type="text"/>
Specify:	<input type="text"/>
Reason organ not transplanted:	<input type="text"/>
Specify:	<input type="text"/>
Recovery Team#:	<input type="text"/>
Initial Flush Solution:	<input type="text"/>
Specify:	<input type="text"/>
Back Table Flush Solution:	<input type="text"/>
Specify:	<input type="text"/>
Final Flush Solution:	<input type="text"/>
Specify:	<input type="text"/>
Left Kidney	
Organ:	<input type="radio"/> Consent Not Requested <input type="radio"/> Consent Not Obtained <input type="radio"/> Organ Not Recovered <input type="radio"/> Recovered Not for Tx <input type="radio"/> Recovered for TX but Not Tx <input type="radio"/> Transplanted <input type="radio"/> N/A
Recipient:	
SSN:	
TX Center:	
Reason Code:	<input type="text"/>
Specify:	<input type="text"/>
Reason organ not transplanted:	<input type="text"/>
Specify:	<input type="text"/>
Recovery Team#:	<input type="text"/>
Initial Flush Solution:	<input type="text"/>
Specify:	<input type="text"/>
Back Table Flush Solution:	<input type="text"/>
Specify:	<input type="text"/>
Final Flush Solution:	<input type="text"/>
Specify:	<input type="text"/>
Double Enbloc Kidney	
Organ:	<input type="radio"/> Consent Not Requested <input type="radio"/> Consent Not Obtained <input type="radio"/> Organ Not Recovered <input type="radio"/> Recovered Not for Tx <input type="radio"/> Recovered for TX but Not Tx

Transplanted

N/A

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 Solution:

Specify:

Pancreas

Consent Not Requested

Consent Not Obtained

Organ Not Recovered

Organ:

Recovered Not for Tx

Recovered for TX but Not Tx

Transplanted

N/A

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 Solution:

Specify:

Pancreas Segment 1

Consent Not Requested

Consent Not Obtained

Organ Not Recovered

Organ:

Recovered Not for Tx

Recovered for TX but Not Tx

Transplanted

N/A

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 Solution:

Specify:

Pancreas Segment 2

Organ: Consent Not Requested
 Consent Not Obtained
 Organ Not Recovered
 Recovered Not for Tx
 Recovered for TX but Not Tx
 Transplanted
 N/A

Recipient:
 SSN:
 TX Center:
 Reason Code:
 Specify:

Reason organ not transplanted:

Recovery Team#:

Initial Flush Solution:

Specify:

Back Table Flush Solution:

Specify:

Final Flush Solution:

Specify:

Liver

Organ: Consent Not Requested
 Consent Not Obtained
 Organ Not Recovered
 Recovered Not for Tx
 Recovered for TX but Not Tx
 Transplanted
 N/A

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 Solution:

Specify:

Liver Segment 1

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

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 Solution:

Specify:

Liver Segment 2

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

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 Solution:

Specify:

Intestine

- Organ:
- Consent Not Requested
 - Consent Not Obtained
 - Organ Not Recovered
 - Recovered Not for Tx
 - Recovered for TX but Not Tx
 - Transplanted

N/A

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 Solution:

Specify:

Intestine Segment 1

Consent Not Requested

Consent Not Obtained

Organ Not Recovered

Organ:

Recovered Not for Tx

Recovered for TX but Not Tx

Transplanted

N/A

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 Solution:

Specify:

Intestine Segment 2

Consent Not Requested

Consent Not Obtained

Organ Not Recovered

Organ:

Recovered Not for Tx

Recovered for TX but Not Tx

Transplanted

N/A

Recipient:

SSN:

TX Center:

Reason Code:

Specify:

Reason organ not transplanted:

Specify:

Recovery Team#:	<input type="text"/>
Initial Flush Solution:	<input type="text"/>
Specify:	<input type="text"/>
Back Table Flush Solution:	<input type="text"/>
Specify:	<input type="text"/>
Final Flush Solution:	<input type="text"/>
Specify:	<input type="text"/>

Heart

Organ: Consent Not Requested
 Consent Not Obtained
 Organ Not Recovered
 Recovered Not for Tx
 Recovered for TX but Not Tx
 Transplanted
 N/A

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 Solution:
 Specify:

Left Lung

Organ: Consent Not Requested
 Consent Not Obtained
 Organ Not Recovered
 Recovered Not for Tx
 Recovered for TX but Not Tx
 Transplanted
 N/A

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 Solution:
 Specify:

Right Lung

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

Organ:

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 Solution:

Specify:

Double Lung

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

Organ:

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 Solution:

Specify:

UNOS View Only

Comments: