

Living Donor Registration Worksheet

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

Donor ID:

<b>Provider Information</b>
Recipient Center:

<b>Donor Information</b>
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Donor Name:

UNOS Donor ID #:

Address:

Home City:

State:

Zip Code:

 - 

Home Phone:

Work Phone:

Email:

SSN:

Date of Birth:

Gender:

Male  Female

Marital Status at Time of Donation:

- Single
- Married
- Divorced
- Separated
- Life Partner
- Unknown

ABO Blood Group:

- O
  A
  B
  AB
  A1
  A1B
  A2
  A2B

Donor Type:

- Biological, blood related Parent
- Biological, blood related Child
- Biological, blood related Identical Twin
- Biological, blood related Full Sibling
- Biological, blood related Half Sibling
- Biological, blood related Other Relative: SPECIFY
- Non-Biological, Spouse

- Non-Biological, Life Partner
- Non-Biological, Unrelated: Paired Exchange
- Non-Biological, Unrelated: Non-Directed Donation (Anonymous)
- Non-Biological, Living/Deceased Exchange
- Non-Biological, Other Unrelated Directed Donation: Specify

Specify:

**Ethnicity/Race:**  
**(select all origins that apply)**

American Indian or Alaska Native

- American Indian
- Eskimo
- Aleutian
- Alaska Indian
- American Indian or Alaska Native: Other
- American Indian or Alaska Native: Not Specified/Unknown

Asian

- Asian Indian/Indian Sub-Continent
- Chinese
- Filipino
- Japanese
- Korean
- Vietnamese
- Asian: Other
- Asian: Not Specified/Unknown

Black or African American

- African American
- African (Continental)
- West Indian
- Haitian
- Black or African American: Other
- Black or African American: Not Specified/Unknown

Hispanic/Latino

- Mexican
- Puerto Rican (Mainland)
- Puerto Rican (Island)
- Cuban
- Hispanic/Latino: Other
- Hispanic/Latino: Not Specified/Unknown

Native Hawaiian or Other Pacific Islander

- Native Hawaiian
- Guamanian or Chamorro
- Samoan
- Native Hawaiian or Other Pacific Islander: Other
- Native Hawaiian or Other Pacific Islander: Not Specified/Unknown

White

- European Descent
- Arab or Middle Eastern
- North African (non-Black)
- White: Other
- White: Not Specified/Unknown

**Citizenship:**

- U.S. CITIZEN
- RESIDENT ALIEN
- NON-RESIDENT ALIEN, Year Entered US

Year of Entry into U.S.:

- NONE
- GRADE SCHOOL (0-8)

## EXHIBIT A

Highest Education Level:

- HIGH SCHOOL (9-12)
- ATTENDED COLLEGE/TECHNICAL SCHOOL
- ASSOCIATE/BACHELOR DEGREE
- POST-COLLEGE GRADUATE DEGREE
- N/A (< 5 YRS OLD)
- UNKNOWN

Did the donor have health insurance:

- YES
- NO
- UNK

Functional Status:

Physical Capacity: (check one)

- No Limitations
- Limited Mobility
- Wheelchair bound or more limited
- Unknown

Working for Income:

- YES
- NO
- UNK

If No, Not Working Due To: (check one)

- Disability
- Insurance Conflict
- Inability to Find Work
- Donor Choice - Homemaker
- Donor Choice - Student Full Time/Part Time
- Donor Choice - Retired
- Donor Choice - Other
- Unknown

If Yes:

- Working Full Time
- Working Part Time due to Disability
- Working Part Time due to Insurance Conflict
- Working Part Time due to Inability to Find Full Time Work
- Working Part Time due to Donor Choice
- Working Part Time Reason Unknown
- Working, Part Time vs. Full Time Unknown

**Pre-Donation Clinical Information**

**Viral Detection**

Have any of the following viruses ever been tested for: HIV, CMV, HBV, HCV, EBV

YES  NO

**HIV**

YES  NO

**Test**

**Result**

AIDS):

Was there clinical disease (ARC,

YES  NO  UNK

Antibody:

- Positive
- Negative
- Not Done
- UNK/Cannot Disclose

RNA:

- Positive
- Negative
- Not Done
- UNK/Cannot Disclose

**CMV**

YES  NO

**Test**

**Result**

Was there clinical disease:

YES  NO  UNK

IgG:

- Positive
- Negative
- Not Done
- UNK/Cannot Disclose

IgM:

- Positive
- Negative
- Not Done
- UNK/Cannot Disclose

Nucleic Acid Testing:

- Positive
- Negative
- Not Done
- UNK/Cannot Disclose

- Culture:
- Positive
  - Negative
  - Not Done
  - UNK/Cannot Disclose

**HBV**

- YES  NO

**Test**

**Result**

- Was there clinical disease:  YES  NO  UNK

- Liver Histology:
- Positive
  - Negative
  - Not Done
  - UNK/Cannot Disclose

- Core Antibody:
- Positive
  - Negative
  - Not Done
  - UNK/Cannot Disclose

- Surface Antigen:
- Positive
  - Negative
  - Not Done
  - UNK/Cannot Disclose

- HBV DNA:
- Positive
  - Negative
  - Not Done
  - UNK/Cannot Disclose

- HDV (Delta Virus):
- Positive
  - Negative
  - Not Done
  - UNK/Cannot Disclose

**HCV**

# EXHIBIT A

YES  NO

## Test

## Result

Was there clinical disease:

YES  NO  UNK

Liver Histology:

Positive  
 Negative  
 Not Done  
 UNK/Cannot Disclose

Antibody:

Positive  
 Negative  
 Not Done  
 UNK/Cannot Disclose

RIBA:

Positive  
 Negative  
 Not Done  
 UNK/Cannot Disclose

HCV RNA:

Positive  
 Negative  
 Not Done  
 UNK/Cannot Disclose

## EBV

YES  NO

## Test

## Result

Was there clinical disease:

YES  NO  UNK

IgG:

Positive  
 Negative  
 Not Done  
 UNK/Cannot Disclose

IgM:

Positive  
 Negative  
 Not Done

EBV DNA:

- UNK/Cannot Disclose
- Positive
- Negative
- Not Done
- UNK/Cannot Disclose

**Pre-Donation Height and Weight**

Height:

ft  in  cm

ST=

Weight:

lb  kg

ST=

**History of Cancer:**

- NO
- SKIN - SQUAMOUS, BASAL CELL
- SKIN - MELANOMA
- CNS TUMOR - ASTROCYTOMA
- CNS TUMOR - GLIOBLASTOMA MULTIFORME
- CNS TUMOR - MEDULLOBLASTOMA
- CNS TUMOR - NEUROBLASTOMA
- CNS TUMOR - ANGIOBLASTOMA
- CNS TUMOR - MENINGIOMA
- CNS TUMOR - OTHER
- GENITOURINARY - BLADDER
- GENITOURINARY - UTERINE CERVIX
- GENITOURINARY - UTERINE BODY  
ENDOMETRIAL
- GENITOURINARY - UTERINE BODY  
CHORIOCARCINOMA
- GENITOURINARY - VULVA
- GENITOURINARY - OVARIAN
- GENITOURINARY - PENIS, TESTICULAR
- GENITOURINARY - PROSTATE
- GENITOURINARY - KIDNEY
- GENITOURINARY - UNKNOWN

# EXHIBIT A

- GASTROINTESTINAL - ESOPHAGEAL
- GASTROINTESTINAL - STOMACH
- GASTROINTESTINAL - SMALL INTESTINE
- GASTROINTESTINAL - COLO-RECTAL
- GASTROINTESTINAL - LIVER & BILIARY TRACT
- GASTROINTESTINAL - PANCREAS
- BREAST
- THYROID
- TONGUE/THROAT
- LARYNX
- LUNG (include broncial)
- LEUKEMIA/LYMPHOMA
- UNKNOWN
- OTHER, SPECIFY

Specify:

Cancer Free Interval:  years ST=

**Diabetes:**

YES  NO  UNK

**Treatment:**

- Insulin
- Oral Hypoglycemic Agent
- Diet

## Pre-Donation Liver Clinical Information

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

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

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

**Alkaline Phosphatase:**  units/L ST=

**Serum Albumin:**  g/dl ST=

**ST=**

**EXHIBIT A**Serum Creatinine:  mg/dlINR: ST= Liver Biopsy:  YES  NO% Macro vesicular fat:  %ST= % Micro vesicular fat:  %ST= **Pre-Donation Kidney Clinical Information**

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  UNKDiuretics:  YES  NO  UNKOther Hypertensive Medication:  YES  NO  UNKSerum Creatinine:  mg/dlST= Preoperative Blood Pressure Systolic:  mm/HgST= Preoperative Blood Pressure Diastolic:  mm/HgST= 

Urinalysis:

Urine Protein:

Positive

Negative

Not Done

Unknown

or

Protein-Creatinine Ratio:

Kidney Biopsy:

YES  NO

0-5

6-10

Glomerulosclerosis:

11-15

16-20

20+

**Pre-Donation Lung Clinical Information**

Before  
Bronchodilators

After  
Bronchodilators

FVC % predicted:

ST=

ST=

FEV1 % predicted:

ST=

ST=

FEF (25-75%) % predicted:

ST=

ST=

TLC % predicted:

ST=

ST=

Diffusing lung capacity  
corrected for alveolar volume %  
predicted:

ST=

PaO2 on room air:

mm/Hg

ST=

History of Cigarette Use:

YES  NO

0-10

11-20

If Yes, Check # pack years:

21-30

Duration of Abstinence:

- 31-40
- 41-50
- >50
- Unknown pack years
  
- 0-2 months
- 3-12 months
- 13-24 months
- 25-36 months
- 37-48 months
- 49-60 months
- >60 months
- Unknown duration

Other Tobacco Used:

- YES  NO  UNK

**Liver Surgical Information**

Type of Transplant Graft:

- Left Lateral Segment (Peds)
- Left Lobe
- Right Lobe
- Domino Whole Liver

**Kidney Surgical Information**

Type of Transplant Graft:

- LEFT KIDNEY
- RIGHT KIDNEY
- EN-BLOC
- Bilateral Sequential Kidney
- HEMI-RENAL

Intended Procedure Type:

- Transabdominal
- Flank(retroperitoneal)
- Laparoscopic Not Hand-assisted
- Laparoscopic Hand-assisted

Conversion from Laparoscopic to Open:

- YES  NO

**Lung Surgical Information**

**Type of Transplant Graft:**

- SINGLE LEFT LUNG
- SINGLE RIGHT LUNG
- BILATERAL SEQUENTIAL LUNG
- EN-BLOC DOUBLE LUNG
- LOBE, RIGHT
- LOBE, LEFT

**Procedure Type:**

- Open
- Video Assisted Thoracoscopic

**Conversion from Thoracoscopic to Open:**

- YES  NO

**Intra-operative Complications:**

- YES  NO

**If Yes, Specify:**

- Sacrifice of Second Lobe Specify
- Anesthetic Complication Specify
- Arrhythmia Requiring Therapy
- Cerebrovascular Accident
- Phrenic Nerve Injury
- Brachial Plexus Injury
- Breast Implant Rupture
- Other Specify

**Sacrifice of Second Lobe, Specify:**

- RML
- RUL
- LUL
- Lingular

**Anesthetic Complication Specify:**

**Arrhythmia requiring therapy:**

- Medical therapy
- Cardioversion

**Other Specify:**

**Post-Operative Information**

**Date of Initial Discharge:**

Date of Death:

Cause of Death:

Other Specify:

**Non-Autologous Blood Administration:**  YES  NO

If Yes, Number of Units:  PRBC

Platelets

FFP

**Liver Related Post-Operative Complications (In first 6 weeks post-donation)**

**Biliary Complications:**  YES  NO  UNK

If Yes, Specify:

Grade 1 – Bilious JP drainage more than 10 days

Grade 2 – Interventional procedure (ERCP, PTC, percutaneous drainage, etc.)

Grade 3 – Surgical Intervention

**Vascular Complications Requiring Intervention:**

YES  NO  UNK

If Yes, Specify:

Portal Vein

Hepatic Vein

Hepatic Artery

Pulmonary Embolus

Deep Vein Thrombosis

Other, Specify

Specify:

**Other Complications Requiring Intervention:**  YES  NO  UNK

If Yes, Specify:

Renal insufficiency requiring dialysis

Ascites

Line or IV complication

Pneumothorax

Pneumonia

Wound Complication

Brachial Nerve Injury

Other, specify

Specify:

**Reoperation:**

YES  NO  UNK

If yes, specify reason for reoperation (during first six weeks):

Liver Failure Requiring Transplant

Date:

Bleeding Complications

Date:

Biliary

Date:

Hernia Repair

Date:

Bowel Obstruction

Date:

Vascular Complications

Date:

Other Specify

Date:

Other Specify:

**Any Readmission After Initial Discharge:**

YES  NO  UNK

If yes, specify reason for readmission (during first six weeks):

Wound Infection

Fever

Bowel Obstruction

Pleural Effusion

Biliary Complications

Vascular Complications

Other, specify

Other Specify:

If Yes, Date of First Readmission:

**Other Interventional Procedures:**

YES  NO  UNK

If Yes, Specify Procedure:

Date of Procedure:

**Kidney Related Post-Operative Complications (In first 6 weeks post-donation)**

**Vascular Complications Requiring Intervention:**

YES  NO  UNK

If Yes, Specify:

Renal Vein

Renal Artery

- Aorta
- Vena Cava
- Pulmonary Embolus
- Deep Vein Thrombosis
- Other, specify

Specify:

**Other Complications Requiring Intervention:**

- YES  NO  UNK

If Yes, Specify:

- Renal insufficiency requiring dialysis
- Ascites
- Line or IV complication
- Pneumothorax
- Pneumonia
- Wound Complication
- Brachial Nerve Injury
- Other, specify

Other Specify:

**Reoperation:**

- YES  NO  UNK

If yes, specify reason for reoperation (during first six weeks):

- Bleeding Date:
- Hernia Repair Date:
- Bowel Obstruction Date:
- Vascular Date:
- Other Specify Date:

Other Specify:

**Any Readmission After Initial Discharge:**

- YES  NO  UNK

If yes, specify reason for readmission (during first six weeks):

- Wound Infection
- Fever
- Bowel Obstruction
- Pleural Effusion
- Vascular Complications

Other, specify

Other Specify:

If Yes, Date of First Readmission:

**Other Interventional Procedures:**

YES  NO  UNK

If Yes, Specify Procedure:

Date of Procedure:

**Lung Related Post-Operative Complications (In first 6 weeks post-donation)**

**Post-operative complications during the initial hospitalization:**

YES  NO

If Yes, Specify:

- Arrhythmia requiring therapy
- Bleeding requiring surgical or therapeutic bronchoscopic intervention
- Bowel Obstruction or Ileus not requiring surgical or therapeutic bronchoscopic intervention
- Bowel Obstruction or Ileus requiring surgical or therapeutic bronchoscopic intervention
- Bronchial Stenosis/Stricture not requiring surgical or therapeutic bronchoscopic intervention
- Bronchial Stenosis/Stricture requiring surgical or therapeutic bronchoscopic intervention
- Bronchopleural Fistula requiring surgical or therapeutic bronchoscopic intervention
- Cerebrovascular Accident
- Deep Vein Thrombosis
- Empyema requiring therapeutic bronchoscopic intervention
- Epidural-Related Complication
- Line or IV Complication
- Loculated Pleural Effusion requiring surgical or therapeutic bronchoscopic intervention
- Pericardial Tamponade or Pericarditis requiring surgical or therapeutic bronchoscopic intervention
- Pericarditis not requiring surgical or therapeutic bronchoscopic intervention
- Peripheral Nerve Injury
- Phrenic Nerve Injury
- Placement of Additional Thoracostomy Tube(s), Specify Indication
- Pneumonia/Atelectasis

**EXHIBIT A**

- Prolonged (>14days) Thoracostomy Tube Requirement
- Pulmonary Artery Embolus or Thrombosis
- Pulmonary Vein or Left Atrial Thrombosis
- Wound Complication
- Wound Infection requiring surgical or therapeutic bronchoscopic intervention
- Other Specify

Arrhythmia requiring therapy:

- Medical therapy
- Cardioversion
- Electrophysiologic Ablation

Placement of Additional Thoracostomy Tube(s), Indication:

- Pneumothorax
- Pleural effusion
- Empyema

Other Specify:

**Any Readmission After Initial Discharge:**

- YES
- NO
- UNK

If yes, specify reason for readmission (during first six weeks):

- Wound Infection
- Fever
- Bowel Obstruction
- Pleural Effusion
- Vascular Complications
- Other, specify

Specify:

If Yes, Date of First Readmission:

**Post-Operative Clinical Information (Within 6 weeks post-donation)**

Most Recent Date of Tests:

Height:

 ft  in  cm

ST=

Weight:

 lb  kg

ST=

**EXHIBIT A****Kidney Post-Operative Clinical Information**

Serum Creatinine:

 mg/dlST= 

Post-Op Blood Pressure Systolic:

 mm/HgST= 

Post-Op Blood Pressure Diastolic:

 mm/HgST= **Urinalysis:**

Urine Protein:

 Positive Negative Not Done Unknown

or

Protein-Creatinine Ratio:

Donor Developed Hypertension Requiring Medication:

 YES  NO  UNK**Liver Post-Operative Clinical Information**

Total Bilirubin:

 mg/dlST= 

SGOT/AST:

 U/LST= 

SGPT/ALT:

 U/LST= 

Alkaline Phosphatase:

 units/LST= 

Serum Albumin:

 g/dlST= 

Serum Creatinine:

 mg/dlST= 

INR:

ST= **Organ Recovery**

Organ Recovery Date:

Organ(s) Recovered

Recipient Name (Last, First)

Recipient SSN#

Donor Recovery Facility:



Records 

Living Donor Follow-Up Worksheet

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

Donor ID:

<b>Provider Information</b>
Recipient Center:
Followup Center:

<b>Donor Information</b>	
Name:	DOB:
Transplant Date:	
SSN:	Gender:
Donor ID:	Recovery Date:
Organ:	

<b>Donor Status</b>	
Date of Initial Discharge:	
Date: Last Seen or Death	<input type="text"/>
Donor Status:	<input type="radio"/> Living
	<input type="radio"/> Dead
	<input type="radio"/> Lost
	<input type="radio"/> Not Seen
Cause of Death:	<input type="text"/>
Specify:	<input type="text"/>
Functional Status:	<input type="text"/>
Physical Capacity:	<input type="radio"/> No Limitations
	<input type="radio"/> Limited Mobility
	<input type="radio"/> Wheelchair bound or more limited
	<input type="radio"/> Unknown
Working for Income:	<input type="radio"/> YES <input type="radio"/> NO <input type="radio"/> UNK
	<input type="radio"/> Disability
	<input type="radio"/> Insurance Conflict

# EXHIBIT B

If No, Not Working Due To:

- Inability to Find Work
- Donor Choice - Homemaker
- Donor Choice - Student Full Time/Part Time
- Donor Choice - Retired
- Donor Choice - Other
- Unknown

If Yes:

- Working Full Time
- Working Part Time due to Disability
- Working Part Time due to Insurance Conflict
- Working Part Time due to Inability to Find Full Time Work
- Working Part Time due to Donor Choice
- Working Part Time Reason Unknown
- Working, Part Time vs. Full Time Unknown

## Clinical Information

Height:  ft  in  cm ST=

Weight:  lb  kg ST=

Were any of the following procedures performed since last form submitted:

- CAT Scan:
- Not Done
  - Yes, Normal Results
  - Yes, Specify Results
  - Unknown

Specify:

- MRI:
- Not Done
  - Yes, Normal Results
  - Yes, Specify Results
  - Unknown

Specify:

# EXHIBIT B

Ultrasound:

- Not Done
- Yes, Normal Results
- Yes, Specify Results
- Unknown

Specify:

## Liver Clinical Information

Most Recent Values:

Total Bilirubin:  mg/dl ST=

SGOT/AST:  U/L ST=

SGPT/ALT:  U/L ST=

Alkaline Phosphatase:  units/L ST=

Serum Albumin:  g/dl ST=

Serum Creatinine:  mg/dl ST=

INR:  ST=

## Kidney Clinical Information

Most Recent Values:

Serum Creatinine:  mg/dl ST=

Blood Pressure Systolic:  mm/Hg ST=

Blood Pressure Diastolic:  mm/Hg ST=

Donor Developed Hypertension Requiring Medication:  YES  NO  UNK

Urinalysis:

# EXHIBIT B

Urine Protein:

- Positive
- Negative
- Not Done
- Unknown

or

Protein-Creatinine Ratio:

Maintenance Dialysis:

- YES
- NO
- UNK

If Yes, Date First Dialyzed:

Diabetes:

- YES
- NO
- UNK

Treatment:

- Insulin
- Oral Hypoglycemic Agent
- Diet

## Lung Clinical Information

Activity Level:

- No change in activity level
- Mild decrease in activity level
- Moderate decrease in activity level
- Severe decrease in activity level
- Increase in activity level
- Unknown

Chronic Incisional Pain:

- Mild
- Moderate
- Severe
- Unknown

## Complications

Has the donor been readmitted since last report:

- YES
- NO
- UNK

If Yes, Date of First Readmission Since Last

ST=

# EXHIBIT B

Report:

Specify Reason for First Readmission:

**Kidney Complications since last report:**

YES  NO  UNK

If Yes:

Added to UNOS TX candidate waiting list

Other, specify

Specify:

**Liver Complications since last report:**

YES  NO  UNK

If Yes:

Bile Leak

Hepatic Resection

Abscess

Liver Failure

Added to UNOS TX candidate waiting list

Other, specify

Specify:

**Complications since last report:**

YES  NO

Specify:

## Recipient Information

Name:

Transplant Date:

SSN:

## UNOS View Only

Comments: