

# Records

## Deceased Donor Registration Worksheet

FORM APPROVED: O.M.B. NO. 0915-0157 Expiration Date: 10/31/2010

Note: These worksheets are provided to function as a guide to what data will be required in the online TIEDI<sup>®</sup> 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<sup>®</sup> 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>		
American Indian or Alaska Native		
<input type="checkbox"/> American Indian	<input type="checkbox"/> Asian	
<input type="checkbox"/> Eskimo	<input type="checkbox"/> Asian Indian/Indian Sub-Continent	
<input type="checkbox"/> Aleutian	<input type="checkbox"/> Chinese	
<input type="checkbox"/> Alaska Indian	<input type="checkbox"/> Filipino	
<input type="checkbox"/> American Indian or Alaska Native: Other	<input type="checkbox"/> Japanese	
<input type="checkbox"/> American Indian or Alaska Native: Not Specified/Unknown	<input type="checkbox"/> Korean	
	<input type="checkbox"/> Vietnamese	
	<input type="checkbox"/> Asian: Other	
	<input type="checkbox"/> Asian: Not Specified/Unknown	
Black or African American		
<input type="checkbox"/> African American	<input type="checkbox"/> Hispanic/Latino	
<input type="checkbox"/> African (Continental)	<input type="checkbox"/> Mexican	
<input type="checkbox"/> West Indian	<input type="checkbox"/> Puerto Rican (Mainland)	
<input type="checkbox"/> Haitian	<input type="checkbox"/> Puerto Rican (Island)	
	<input type="checkbox"/> Cuban	

- Black or African American: Other
- Black or African American: Not Specified/Unknown

- 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, Specify Country

Home Country:

Cause of Death: \*

- ANOXIA
- CEREBROVASCULAR/STROKE
- HEAD TRAUMA
- CNS TUMOR
- OTHER SPECIFY

Specify:

Mechanism of Death: \*

- DROWNING
- SEIZURE
- ASPHYXIATION
- ELECTRICAL
- STAB
- SIDS
- DEATH FROM NATURAL CAUSES
- DRUG INTOXICATION
- CARDIOVASCULAR
- GUNSHOT WOUND
- BLUNT INJURY
- INTRACRANIAL HEMORRHAGE/STROKE

Circumstances of Death:\*

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

### Procurement and Consent

Medical Examiner/Coroner:\*

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

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

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

Date:  Time:  (military time)

Date and time consent obtained for first organ:

Date:  Time:  (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:\*  mEq/L ST=

INR:\*  ST=

Blood PH:\*  ST=

Hematocrit:\*  % ST=

Pancreas (PA Donors Only):

Serum Lipase:  u/L ST=

Serum Amylase:  u/L ST=

Serology:

Anti-HIV I/II:\*  Positive  
 Negative  
 Unknown  
 Cannot Disclose  
 Not Done  
 Indeterminate

Anti-HTLV I/II:\*  Positive  
 Negative  
 Unknown  
 Cannot Disclose  
 Not Done  
 Indeterminate

RPR-VDRL:\*  Positive  
 Negative  
 Unknown

Anti-CMV: \*

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

HBsAg: \*

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

Anti-HBc: \*

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

Anti-HCV: \*

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

HBsAb: \*

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

EBV (VCA) (IgG): \*

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

EBV (VCA) (IgM): \*

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

EBNA: \*

- 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

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

mcg/hr

Final Dosage Duration:

hours

Medication:

Dopamine

Dobutamine

Epinephrine

Levophed

Specify:

- Neosynephrine
- Isoproterenol (Isuprel)
- Other, specify

Dosage At Time of Cross Clamp:

Dosage Units:

- mcg/kg/min
- mcg/min
- mg/min
- units/hr
- mcg/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
- mcg/hr

Final Dosage Duration:

 hours

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

Clinical Infection:\*

YES  NO  UNK

Source

Confirmed by Culture

Blood

YES  NO

Lung

YES  NO

Urine

YES  NO

Other

YES  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

NO

YES, 0-5 YEARS

YES, 6-10 YEARS

YES, >10 YEARS

YES, DURATION UNKNOWN

UNKNOWN

NO

History of Diabetes:\*

Insulin Dependent:

- 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 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:

- 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:

Measures Between Withdrawal of Support and Cardiac Death. Provide Serial Data Every 15 Minutes Between Withdrawal of Support and Start of Agonal Phase, and Every 5 Minutes Between Start of Agonal Phase and Cardiac Death.

Date:	Time (military time):	Systolic blood pressure:	Diastolic blood pressure:	Mean arterial pressure:	O2 saturation:
<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 cannulation:

Date:

Time:   
(military time)

ST=

If Yes, Date and time of thoracic aorta cannulation:

Date:

Time:   
(military time)

ST=

If Yes, Date and time of portal vein cannulation:

Date:

Time:   
(military time)

ST=

If Yes, Date and time of pulmonary artery cannulation:

Date:

Time:   
(military time)

ST=

Estimated Warm Ischemic Time:

min

ST=

If No, Was this a consented DCD donor that progressed to brain death?

YES  NO

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

YES  NO

If Yes, Duration of Resuscitation:

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

Coronary Angiogram:  No  
 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 terminal value:  mm/Hg ST=

If Yes, Lung pO2 on FiO2 terminal value of:

pCO2:  mm/Hg ST=

Was a pulmonary artery catheter placed:  YES  NO

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

	Initial	ST=	Final	ST=
Map: (mm/Hg)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
CVP: (mm/Hg)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
PCWP: (mm/Hg)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
SVR: (dynes/sec/cm)^5)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
PA Systolic: (mm/Hg)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
PA Diastolic: (mm/Hg)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
CO: (L/min)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Cardiac Index: (L/min/sq.m)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Biopsy (heart donors only):

NO  
 YES, MYOCARDITIS  
 YES, NEGATIVE BIOPSY RESULT  
 YES, OTHER DIAGNOSIS SPECIFY

Other Diagnosis /Specify:

Left Kidney Biopsy:  YES  NO

Glomerulosclerosis:

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

Pump:  YES  NO

Final Resistance Prior to Shipping:  ST=

Transferred to transplant center on pump:  YES  NO

Right Kidney Biopsy:

YES  NO

Glomerulosclerosis:

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

Pump:

YES  NO

Final Resistance Prior to Shipping:

ST=

Transferred to transplant center 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
- No Bronchoscopy

Right Lung 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:

- Consent Not Requested
- Consent 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:

Consent Not Requested

Consent 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 Enbloc Kidney

Organ:

Consent Not Requested

Consent 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:

- Consent Not Requested
- Consent 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:

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 Segment 1**

- Consent Not Requested
- Consent Not Obtained

Organ:

- 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:

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 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

**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:

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:

**Liver**

Organ:

- Consent Not Requested
- Consent 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:

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:

### 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

**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:

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:

### 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

**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:

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**

Organ:

- Consent Not Requested
- Consent 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:

- Consent Not Requested
- Consent 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 2

Organ:

- Consent Not Requested
- Consent 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:

## Heart

**Consent Not Requested**

**Consent Not Obtained**

**Organ Not Recovered**

**Recovered Not for Tx**

**Recovered for TX but Not Tx**

**Transplanted**

**N/A**

Organ:

**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:

- Consent Not Requested
- Consent 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:

Consent Not Requested

Consent 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:

Consent Not Requested

Consent 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:

**UNOS View Only**

**Comments:**

