

Living Donor Registration Worksheet

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:

Provider Information

Recipient Center:

Donor Information

Donor Name:

UNOS Donor ID #:

Address:*

Home City:*

State:

Zip Code:

Home Phone:*

Work Phone:

Email:

SSN:*

Date of Birth:*

Birth sex:*

Male Female

Marital Status at Time of Donation:*

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

ABO Blood Group:

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: Domino
- Biological, blood related: Non-Domino Therapeutic donor
- Biological, blood related Other Relative: Specify
- Non-Biological, Spouse
- Non-Biological, Life Partner
- Non-Biological, Unrelated: Paired Donation
- Non-Biological, Unrelated: Non-Directed Donation (Anonymous)
- Non-Biological, Unrelated: Domino
- Non-Biological, Unrelated: Non-Domino Therapeutic donor
- Non-Biological, Other Unrelated Directed Donation: Specify
- Non-Biological, Living/Deceased Donation (Inactive)

Specify:

Ethnicity:*

- Hispanic or Latino Not Hispanic or Latino Ethnicity not reported

Race:*

American Indian or Alaska Native

- American Indian
- Eskimo
- Aleutian
- Alaska Indian
- American Indian or Alaska Native: Other origin
- American Indian or Alaska Native: Origin not reported

Black or African American

- African American
- African (Continental)
- West Indian
- Haitian
- Black or African American: Other origin
- Black or African American: Origin not reported

White

- European Descent
- Arab or Middle Eastern
- North African (non-Black)
- White: Other origin
- White: Origin not reported

Asian

- Asian Indian/Indian Sub-Continent
- Chinese
- Filipino
- Japanese
- Korean
- Vietnamese
- Asian: Other origin
- Asian: Origin not reported

Native Hawaiian or Other Pacific Islander

- Native Hawaiian
- Guamanian or Chamorro
- Samoan
- Native Hawaiian or Other Pacific Islander: Other origin
- Native Hawaiian or Other Pacific Islander: Origin not reported

Other

- Race not reported

Citizenship:*

- US Citizen**
- Non-US Citizen/US Resident**
- Non-US Citizen/Non-US Resident, Traveled to US for Reason Other Than Transplant**
- Non-US Citizen/Non-US Resident, Traveled to US for Transplant**

Country of Permanent Residence:

Year of Entry into U.S.:

Highest Education Level:*

- NONE**
- GRADE SCHOOL (0-8)**
- HIGH SCHOOL (9-12) or GED**
- 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:*

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

- YES**
- NO**
- UNK**
- 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: YES NO
HIV, CMV, HBV, HCV, EBV*

Test	Result
HIV Status:	<input type="radio"/> Positive
	<input type="radio"/> Negative
	<input type="radio"/> Not Done
	<input type="radio"/> UNK/Cannot Disclose
CMV	
Total:	<input type="radio"/> Positive
	<input type="radio"/> Negative
	<input type="radio"/> Not Done
	<input type="radio"/> UNK/Cannot Disclose
IgG:	<input type="radio"/> Positive
	<input type="radio"/> Negative
	<input type="radio"/> Not Done
	<input type="radio"/> UNK/Cannot Disclose
IgM:	<input type="radio"/> Positive
	<input type="radio"/> Negative
	<input type="radio"/> Not Done
	<input type="radio"/> UNK/Cannot Disclose
Nucleic Acid Testing:	<input type="radio"/> Positive
	<input type="radio"/> Negative
	<input type="radio"/> Not Done
	<input type="radio"/> UNK/Cannot Disclose
HBV	
DNA (NAT/PCR):	<input type="radio"/> Positive
	<input type="radio"/> Negative
	<input type="radio"/> Not Done
	<input type="radio"/> UNK/Cannot Disclose
Core Antibody:	<input type="radio"/> Positive
	<input type="radio"/> Negative
	<input type="radio"/> Not Done
	<input type="radio"/> UNK/Cannot Disclose
Surface Antigen:	<input type="radio"/> Positive
	<input type="radio"/> Negative
	<input type="radio"/> Not Done
	<input type="radio"/> UNK/Cannot Disclose
HCV	

RNA (NAT/PCR):

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

Antibody:

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

RIBA:

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

EBV

Total:

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

IgG:

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

IgM:

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

Vaccination Status:

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

Specify:

Cancer Free Interval:

 years

ST=

History of Cigarette Use:*

- YES NO

If Yes, Check # pack years:

- 0-10
- 11-20
- 21-30
- 31-40
- 41-50
- >50
- Unknown pack years

Duration of Abstinence:

- 0-2 months
- 3-12 months
- 13-24 months
- 25-36 months
- 37-48 months
- 49-60 months
- >60 months
- Continues To Smoke
- Unknown duration

Other Tobacco Used:*

- YES NO UNK

Diabetes:*

- YES NO UNK

Treatment:

- Insulin
- Oral Hypoglycemic Agent
- Diet

Pre-Donation Liver Clinical Information

Total Bilirubin:*	<input type="text"/> mg/dl	ST= <input type="text"/>
SGOT/AST:*	<input type="text"/> U/L	ST= <input type="text"/>
SGPT/ALT:*	<input type="text"/> U/L	ST= <input type="text"/>
Alkaline Phosphatase:*	<input type="text"/> units/L	ST= <input type="text"/>
Serum Albumin:*	<input type="text"/> g/dl	ST= <input type="text"/>
Serum Creatinine:*	<input type="text"/> mg/dl	ST= <input type="text"/>
INR:*	<input type="text"/>	ST= <input type="text"/>

Liver Biopsy:*

- YES NO

% Macro vesicular fat:	<input type="text"/> %	ST= <input type="text"/>
% Micro vesicular fat:	<input type="text"/> %	ST= <input type="text"/>

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 UNK
- Diuretics: YES NO UNK
- Other Hypertensive Medication: YES NO UNK

Serum Creatinine:*	<input type="text"/> mg/dl	ST= <input type="text"/>
Preoperative Blood Pressure Systolic:*	<input type="text"/> mm/Hg	ST= <input type="text"/>
Preoperative Blood Pressure Diastolic:*	<input type="text"/> mm/Hg	ST= <input type="text"/>

Urinalysis:*

Urine Protein: Positive
 Negative
 Not Done
 Unknown

or

Protein-Creatinine Ratio:

Pre-Donation Lung Clinical Information

	Before Bronchodilators	ST=	After Bronchodilators	ST=
FVC % predicted:*	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
FEV1 % predicted:*	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
FEF (25-75%) % predicted:*	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
TLC % predicted:*	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Diffusing lung capacity corrected for alveolar volume % predicted:*	<input type="text"/>	<input type="text"/>		
PaO2 on room air:*	<input type="text"/>	<input type="text"/>		

mm/Hg

Liver Surgical Information

Type of Transplant Graft:*

- Left Lateral Segment
- Left Lobe without MHV (Middle Hepatic Vein)
- Left Lobe with MHV
- Right Lobe without MHV
- Right Lobe with MHV
- Domino Whole Liver
- Domino Partial Liver

Kidney Surgical Information

Type of Transplant Graft:

- Left Kidney
- Right Kidney
- En-Bloc
- Dual Kidney
- Hemi-Renal

Intended Procedure Type:*

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

Conversion from Laparoscopic to Open: YES NO

Lung Surgical Information

Type of Transplant Graft:

- 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:	<input type="checkbox"/> Sacrifice of Second Lobe Specify <input type="checkbox"/> Anesthetic Complication Specify <input type="checkbox"/> Arrhythmia Requiring Therapy <input type="checkbox"/> Cerebrovascular Accident <input type="checkbox"/> Phrenic Nerve Injury <input type="checkbox"/> Brachial Plexus Injury <input type="checkbox"/> Breast Implant Rupture <input type="checkbox"/> Other Specify
Sacrifice of Second Lobe, Specify:	<input type="radio"/> RML <input type="radio"/> RUL <input type="radio"/> LUL <input type="radio"/> Lingular
Anesthetic Complication Specify:	<input type="text"/>
Arrhythmia requiring therapy:	<input type="radio"/> Medical therapy <input type="radio"/> Cardioversion
Other Specify:	<input type="text"/>

Post-Operative Information	
Date of Initial Discharge:*	<input type="text"/>
Donor Status:*	<input type="radio"/> Living <input type="radio"/> Dead
Date Last Seen or Death:*	<input type="text"/>
Cause of Death:	<input type="text"/>
Other Specify:	<input type="text"/>
Non-Autologous Blood Administration:*	<input type="radio"/> YES <input type="radio"/> NO
If Yes, Number of Units:	<input type="text"/> PRBC <input type="text"/> Platelets <input type="text"/> FFP

Liver Related Post-Operative Complications (At discharge or 6 weeks, whichever occurs first)	
Biliary Complications:*	<input type="radio"/> YES <input type="radio"/> NO
If Yes, Specify:	<input type="checkbox"/> Grade 1 – Bilious JP drainage more than 10 days <input type="checkbox"/> Grade 2 – Interventional procedure (ERCP, PTC, percutaneous drainage, etc.) <input type="checkbox"/> Grade 3 – Surgical Intervention
	Date of surgery: <input type="text"/>
Vascular Complications Requiring Intervention:*	<input type="radio"/> YES <input type="radio"/> NO
If Yes, Specify:	<input type="checkbox"/> Portal Vein <input type="checkbox"/> Hepatic Vein <input type="checkbox"/> Hepatic Artery <input type="checkbox"/> Pulmonary Embolus <input type="checkbox"/> Deep Vein Thrombosis <input type="checkbox"/> Other, Specify
Specify:	<input type="text"/>
Other Complications Requiring Intervention:*	<input type="radio"/> YES <input type="radio"/> NO

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
- Bleeding Complications
- Hernia Repair
- Bowel Obstruction
- Vascular Complications
- Other Specify

Date:

Date:

Date:

Date:

Date:

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 (At discharge or 6 weeks, whichever occurs first)

Vascular Complications Requiring Intervention:*

YES NO

If Yes, Specify:

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

Specify:

Other Complications Requiring Intervention:*

YES NO

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 (At discharge or 6 weeks, whichever occurs first)

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 intervention
- Bowel obstruction or ileus requiring surgical 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 surgical intervention
- Epidural-Related Complication
- Line or IV Complication
- Loculated pleural effusion requiring surgical intervention
- Pericardial tamponade or pericarditis requiring surgical intervention
- Pericarditis not requiring surgical intervention
- Peripheral Nerve Injury
- Phrenic Nerve Injury
- Placement of Additional Thoracostomy Tube(s), Specify Indication
- Pneumonia/Atelectasis
- Prolonged (>14days) Thoracostomy Tube Requirement
- Pulmonary Artery Embolus or Thrombosis
- Pulmonary Vein or Left Atrial Thrombosis
- Wound Complication
- Wound infection requiring surgical 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 (At discharge or 6 weeks, whichever occurs first)

Most Recent Date of Tests:

Weight:*

 lb kg

ST=

Kidney Post-Operative Clinical Information

Serum Creatinine:*

 mg/dl

ST=

Post-Op Blood Pressure Systolic: *	<input type="text"/>	ST= <input type="checkbox"/>
	mm/Hg	
Post-Op Blood Pressure Diastolic: *	<input type="text"/>	ST= <input type="checkbox"/>
	mm/Hg	
Urinalysis: *		
Urine Protein:	<input type="radio"/> Positive <input type="radio"/> Negative <input type="radio"/> Not Done <input type="radio"/> Unknown	
or		
Protein-Creatinine Ratio:	<input type="text"/>	
Donor Developed Hypertension Requiring Medication: *		
	<input type="radio"/> YES <input type="radio"/> NO <input type="radio"/> UNK	
Liver Post-Operative Clinical Information		
Total Bilirubin: *	<input type="text"/> mg/dl	ST= <input type="checkbox"/>
SGOT/AST: *	<input type="text"/> U/L	ST= <input type="checkbox"/>
SGPT/ALT: *	<input type="text"/> U/L	ST= <input type="checkbox"/>
Alkaline Phosphatase: *	<input type="text"/> units/L	ST= <input type="checkbox"/>
Serum Albumin: *	<input type="text"/> g/dl	ST= <input type="checkbox"/>
Serum Creatinine: *	<input type="text"/> mg/dl	ST= <input type="checkbox"/>
INR: *	<input type="text"/>	ST= <input type="checkbox"/>

Organ Recovery		
Organ Recovery Date: <input type="text"/>		
Organ(s) Recovered	Recipient Name (Last, First)	Recipient SSN#
Donor Recovery Facility:	<input type="text"/>	<input type="checkbox"/>
Donor Workup Facility:		