

Deceased 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:

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: *	First Name: *	MI:
<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
DOB:	<input style="width: 100%;" type="text"/>	
Age:	<input style="width: 50%;" type="text"/>	<input type="radio"/> Months <input type="radio"/> Years
Birth sex: *	<input type="radio"/> Male <input type="radio"/> Female	
Home City: *	State:	Zip Code:
<input style="width: 100%;" type="text"/> ST= <input style="width: 20px;" type="text"/>	<input style="width: 20px;" type="text"/>	<input style="width: 50%;" type="text"/> - <input style="width: 20px;" type="text"/> ST= <input style="width: 20px;" type="text"/>
Ethnicity: * <input type="radio"/> Hispanic or Latino <input type="radio"/> Not Hispanic or Latino <input type="radio"/> Ethnicity not reported		
Race: *		
American Indian or Alaska Native <input type="checkbox"/> American Indian <input type="checkbox"/> Eskimo <input type="checkbox"/> Aleutian <input type="checkbox"/> Alaska Indian <input type="checkbox"/> American Indian or Alaska Native: Other origin <input type="checkbox"/> American Indian or Alaska Native: Origin not reported	Asian <input type="checkbox"/> Asian Indian/Indian Sub-Continent <input type="checkbox"/> Chinese <input type="checkbox"/> Filipino <input type="checkbox"/> Japanese <input type="checkbox"/> Korean <input type="checkbox"/> Vietnamese <input type="checkbox"/> Asian: Other origin <input type="checkbox"/> Asian: Origin not reported	
Black or African American <input type="checkbox"/> African American <input type="checkbox"/> African (Continental) <input type="checkbox"/> West Indian <input type="checkbox"/> Haitian <input type="checkbox"/> Black or African American: Other origin <input type="checkbox"/> Black or African American: Origin not reported	Native Hawaiian or Other Pacific Islander <input type="checkbox"/> Native Hawaiian <input type="checkbox"/> Guamanian or Chamorro <input type="checkbox"/> Samoan <input type="checkbox"/> Native Hawaiian or Other Pacific Islander: Other origin <input type="checkbox"/> Native Hawaiian or Other Pacific Islander: Origin not reported	
White <input type="checkbox"/> European Descent <input type="checkbox"/> Arab or Middle Eastern <input type="checkbox"/> North African (non-Black) <input type="checkbox"/> White: Other origin <input type="checkbox"/> White: Origin not reported	Other <input type="checkbox"/> Race not reported	
Citizenship: *		
<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		
Home Country:	<input style="width: 100%;" type="text"/>	
Cause of Death: *		
<input type="radio"/> ANOXIA <input type="radio"/> CEREBROVASCULAR/STROKE <input type="radio"/> HEAD TRAUMA <input type="radio"/> CNS TUMOR <input type="radio"/> OTHER SPECIFY		
Specify:	<input style="width: 100%;" type="text"/>	

Mechanism of Death:*

- DROWNING
- SEIZURE
- DRUG INTOXICATION
- ASPHYXIATION
- CARDIOVASCULAR
- ELECTRICAL
- GUNSHOT WOUND
- STAB
- BLUNT INJURY
- SIDS
- INTRACRANIAL HEMORRHAGE/STROKE
- NONE OF THE ABOVE
- DEATH FROM NATURAL CAUSES

Circumstances of Death:*

- MVA
- SUICIDE
- HOMICIDE
- CHILD-ABUSE
- Accident, Non-MVA
- DEATH FROM NATURAL CAUSES
- NONE OF THE ABOVE

Authorization

Was the patient declared legally brain dead:*

- YES NO

Did the patient legally document their decision to be a donor:*

- YES NO UNK

Was authorization obtained for organ donation:*

- YES NO

Method of authorization used:

- First Person
 Hierarchy

Select the reason organ donation authorization was not obtained:

- Declined
 Not Requested

Did the OPO notify the medical examiner/coroner:*

- YES NO

If yes, did the medical examiner/coroner accept the case:

- YES NO

If yes, were there any restrictions:

- YES NO

- Left Kidney
- Right Kidney
- Left Lung
- Right Lung
- Pancreas
- Liver
- Intestine
- Heart
- VCA

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:

Protein in Urine: *	<input type="radio"/> YES <input type="radio"/> NO <input type="radio"/> UNK	
Serum Sodium: *	<input type="text"/> mEq/L	ST= <input type="text"/>
BUN: *	<input type="text"/> mg/dl	ST= <input type="text"/>
Serum Creatinine: *	<input type="text"/> mg/dl	ST= <input type="text"/>
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"/>
INR: *	<input type="text"/>	ST= <input type="text"/>
Hematocrit: *	<input type="text"/> %	ST= <input type="text"/>
Pancreas (PA Donors Only):		
Serum Amylase: *	<input type="text"/> u/L	ST= <input type="text"/>
Serum Lipase: *	<input type="text"/> u/L	ST= <input type="text"/>
HbA1c: *	<input type="text"/> %	ST= <input type="text"/>

Infectious disease testing:

HBcAb: *	<input type="radio"/> Positive <input type="radio"/> Negative <input type="radio"/> Not Done <input type="radio"/> Indeterminate/ Equivocal
HBV NAT: *	<input type="radio"/> Positive <input type="radio"/> Negative <input type="radio"/> Not Done <input type="radio"/> Indeterminate/ Equivocal
HBsAg: *	<input type="radio"/> Positive <input type="radio"/> Negative <input type="radio"/> Not Done <input type="radio"/> Indeterminate/ Equivocal
HBsAb: *	<input type="radio"/> Positive <input type="radio"/> Negative <input type="radio"/> Not Done <input type="radio"/> Indeterminate/ Equivocal
HCV: *	<input type="radio"/> Positive <input type="radio"/> Negative <input type="radio"/> Not Done <input type="radio"/> Indeterminate/ Equivocal
HCV NAT: *	<input type="radio"/> Positive <input type="radio"/> Negative <input type="radio"/> Not Done <input type="radio"/> Indeterminate/ Equivocal
HIV: *	<input type="radio"/> Positive <input type="radio"/> Negative <input type="radio"/> Not Done <input type="radio"/> Indeterminate/ Equivocal
HIV Ag/Ab Combo: *	<input type="radio"/> Positive <input type="radio"/> Negative <input type="radio"/> Not Done <input type="radio"/> Indeterminate/ Equivocal

- HIV NAT:** * Positive
 Negative
 Not Done
 Indeterminate/Equivocal
- HTLV:** * Positive
 Negative
 Not Done
 Indeterminate/Equivocal
- HTLV NAT:** * Positive
 Negative
 Not Done
 Indeterminate/Equivocal
- Anti-CMV:** * Positive
 Negative
 Not Done
 Indeterminate/Equivocal
- Syphilis:** * Positive
 Negative
 Not Done
 Indeterminate/Equivocal
- EBV (VCA) (IgG):** * Positive
 Negative
 Not Done
 Indeterminate/Equivocal
- EBV (VCA) (IgM):** * Positive
 Negative
 Not Done
 Indeterminate/Equivocal
- EBNA:** * Positive
 Negative
 Not Done
 Indeterminate/Equivocal
- Toxoplasma (IgG):** * Positive
 Negative
 Not Done
 Indeterminate/Equivocal
- Chagas:** * Positive
 Negative
 Not Done
 Indeterminate/Equivocal
- Chagas NAT:** * Positive
 Negative
 Not Done
 Indeterminate/Equivocal
- West Nile:** * Positive
 Negative
 Not Done
 Indeterminate/Equivocal

West Nile NAT:*

- Positive
- Negative
- Not Done
- Indeterminate/Equivocal

Strongyloides:*

- Positive
- Negative
- Not Done
- Indeterminate/Equivocal

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 or at time of withdrawal of life-sustaining medical support:

- YES NO UNK

Medication:

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

Specify:

Medication:

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

Specify:

Medication:

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

Specify:

Transfusions prior to ABO determination:*

- YES NO

Total Volume

 cc

Transfusions following ABO determination: * YES NO

Total Volume cc

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

Heavy Alcohol Use (heavy= 2+ drinks/day): * YES NO UNK

According to the OPTN policy in effect, does the donor have risk factors for blood-borne disease transmission: * YES NO

Within 30 days before organ procurement, does the donor meet any of the following criteria that would put organ recipients at risk for acquiring HIV, HBV, and HCV infections:

Sex (i.e., any method of sexual contact, including vaginal, anal, and oral) with a person known or suspected to have HIV, HBV, or HCV infection YES NO

Man who has had sex with another man YES NO

Sex in exchange for money or drugs YES NO

Sex with a person who had sex in exchange for money or drugs YES NO

Drug injection for nonmedical reasons YES NO

Sex with a person who injected drugs for nonmedical reasons YES NO

Incarceration (confinement in jail, prison, or juvenile correction facility) for 72 or more consecutive hours YES NO

Child breastfed by a mother with HIV infection YES NO N/A

Child born to a mother with HIV, HBV, or HCV infection YES NO N/A

Unknown medical or social history YES NO

Ever use or take drugs, such as steroids, cocaine, heroin, amphetamines, opioids, or marijuana: * YES NO UNK

Steroids: *

Last used on: ST=

How long was it used: Unit:

Years

Months

How often was it used: ST=

Drug use route:

Inhaled

Needles

Ingested

Unknown

Cocaine: *

Last used on:

ST=

How long was it used:

Unit:
 Years
 Months

How often was it used:

ST=

Drug use route:
 Inhaled
 Needles
 Ingested
 Unknown

Heroin: *

Last used on:

ST=

How long was it used:

Unit:
 Years
 Months

How often was it used:

ST=

Drug use route:
 Inhaled
 Needles
 Ingested
 Unknown

Amphetamines: *

Last used on:

ST=

How long was it used:

Unit:
 Years
 Months

How often was it used:

ST=

Drug use route:
 Inhaled
 Needles
 Ingested
 Unknown

Opioids: *

Last used on:

ST=

How long was it used:

Unit:
 Years
 Months

How often was it used:

ST=

Drug use route:
 Inhaled
 Needles
 Ingested
 Unknown

Marijuana: *

Last used on:

ST=

How long was it used:

Unit:
 Years
 Months

How often was it used:

ST=

Drug use route:
 Inhaled
 Needles
 Ingested
 Unknown

History of Diabetes: *

NO

YES, 0-5 YEARS

YES, 6-10 YEARS

YES, >10 YEARS

YES, DURATION UNKNOWN

UNKNOWN

Insulin Dependent:

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 at time of procurement:

Intracranial: YES NO UNK

Type (for Intracranial):

Astrocytoma

Medulloblastoma

Glioblastoma Multiforme

Neuroblastoma

Meningioma

Malignant Meningioma

Benign Angioblastoma

Unknown

Other specify

Other Specify:

Extracranial: YES NO UNK

Type (for Extracranial):

Kidney

Breast

Thyroid

Tongue/Throat/Larynx

Lung

Leukemia/Lymphoma

Liver

Unknown

Other specify

Other Specify:

Skin: YES NO UNK

Type (for Skin): Squamous Cell

Basal Cell

Melanoma

Unknown

Other specify

Other Specify:

Chagas History:* YES NO UNK

TB History:* YES NO UNK

Organ Recovery

Recovery Date (donor to OR):

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

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 < 80mmHg or O2 sat. < 80% sustained): Date: Time: Military time

If No, Was this an authorized 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=

Flush Used:* YES NO

If yes, Date and time of abdominal aorta flush: Date: Time: Military time ST=

If yes, Date and time of thoracic aorta flush: Date: Time: Military time ST=

If yes, Date and time of portal vein flush: Date: Time: Military time ST=

If yes, Date and time of pulmonary artery flush: Date: Time: Military time 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 (echocardiogram)
 MUGA (multiple gated acquisition scan)
 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 (no evidence of coronary artery disease)
 Yes, abnormal but non-obstructive (all stenosis determined to be < 70%)
 Yes, abnormal and obstructive (presence of any stenosis determined to be >=70%)

If Abnormal, # of Vessels with >= 70% Stenosis: 1 2 3 Unknown

Pulmonary Measurements:

ABG Results

Blood pH: ST=

PCO₂:* mmHg ST=

PO₂: mmHg ST=

PEEP: mm/Hg ST=

FiO₂:* ST=

Ventilator mode: A/C
 CMV
 SIMV
 PRVC
 APRV
 HFOV
 Other specify

Specify:

Were advanced hemodynamic parameter data obtained? YES NO

Method: Pulmonary artery catheter
 Minimally invasive monitoring

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"/>
PCWP: (mmHg)	<input type="text"/>	ST= <input type="text"/>	<input type="text"/>	ST= <input type="text"/>
SVR: ((dynes/sec/cm) ⁵)	<input type="text"/>	ST= <input type="text"/>	<input type="text"/>	ST= <input type="text"/>
PA Systolic: (mmHg)	<input type="text"/>	ST= <input type="text"/>	<input type="text"/>	ST= <input type="text"/>
PA Diastolic: (mmHg)	<input type="text"/>	ST= <input type="text"/>	<input type="text"/>	ST= <input type="text"/>
CO: (L/min)	<input type="text"/>	ST= <input type="text"/>	<input type="text"/>	ST= <input type="text"/>
Cardiac Index: (L/min/sq.m)	<input type="text"/>	ST= <input type="text"/>	<input type="text"/>	ST= <input type="text"/>

Any Extracorporeal Support Given (ECMO, etc.): YES NO

How Long? hrs ST=

Flow rate: L/min ST=

Left Kidney Biopsy: YES NO

Biopsy type: Needle
 Wedge

Tissue preparation technique: Frozen section
 FFPE section

Number of glomeruli: ST=

Number of globally sclerotic glomeruli: ST=

% Globally sclerotic glomeruli: %

Nodular mesangial glomerulosclerosis: Absent
 Present
 Unknown

Interstitial fibrosis and tubular atrophy (IFTA): <5%
 5-25%
 26-50%
 >50%
 Unknown

Vascular disease: None (<10%)
 Mild (10-25%)
 Moderate (26-50%)
 Severe (>50%)
 Unknown

Arteriolar hyalinosis: None
 Mild to moderate (1 arteriole)
 Moderate to severe (> 1 arteriole)
 Severe - multiple or circumferential
 Unknown

Cortical necrosis: Absent
 Present
 Unknown

% Cortical necrosis: ST=

Fibrin thrombi: Absent
 Present
 Unknown

% Fibrin thrombi: ST=

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

Biopsy type: Needle
 Wedge

Tissue preparation technique: Frozen section
 FFPE section

Number of glomeruli: ST=

Number of globally sclerotic glomeruli: ST=

% Globally sclerotic glomeruli: %

Nodular mesangial glomerulosclerosis: Absent
 Present
 Unknown

Interstitial fibrosis and tubular atrophy (IFTA):

- <5%
- 5-25%
- 26-50%
- >50%
- Unknown

Vascular disease:

- None (<10%)
- Mild (10-25%)
- Moderate (26-50%)
- Severe (>50%)
- Unknown

Arteriolar hyalinosis:

- None
- Mild to moderate (1 arteriole)
- Moderate to severe (> 1 arteriole)
- Severe - multiple or circumferential
- Unknown

Cortical necrosis:

- Absent
- Present
- Unknown

% Cortical necrosis:

ST=

Fibrin thrombi:

- Absent
- Present
- Unknown

% Fibrin thrombi:

ST=

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

Macrosteatosis %: % ST=

% Micro/intermediate vesicular fat: % ST=

Liver Machine Perfusion: * YES NO

Type of Liver Machine Perfusion: Normothermic
 Hypothermic

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
 Bronchoscopy Results, Abnormal-other

Specify

Left Lung Machine Perfusion 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
 Bronchoscopy Results, Abnormal-other

Specify

Right Lung Machine Perfusion Performed: YES NO

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

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Date and time right kidney recovered/removed from donor: Date:

Time:

Military time

Recipient:

TX Center:

Reason Code:

Specify:

Reason organ not transplanted:

Specify:

Recovery Team Center Code:

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

Date and time left kidney recovered/removed from donor: Date:

Time:

Military time

Recipient:

TX Center:

Reason Code:

Specify:

Reason organ not transplanted:

Specify:

Recovery Team Center Code:

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:

Dual 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

Date and time dual/en-bloc kidney recovered/removed from donor:

Date:

Time:

Military time

Recipient:

TX Center:

Reason Code:

Specify:

Reason organ not transplanted:

Specify:

Recovery Team Center Code:

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

Date and time whole pancreas recovered/removed from donor:

Date:

Time:

Military time

Recipient:

TX Center:

Reason Code:

Specify:

Reason organ not transplanted:

Specify:

Recovery Team Center Code:

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

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

Date and time pancreas segment 1 recovered/removed from donor:

Date:

Time:

Military time

Recipient:

TX Center:

Reason Code:

Specify:

Reason organ not transplanted:

Specify:

Recovery Team Center Code:

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

Date and time pancreas segment 2 recovered/removed from donor:

Date:

Time:

Military time

Recipient:

TX Center:

Reason Code:

Specify:

Reason organ not transplanted:

Specify:

Recovery Team Center Code:

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:

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

Date and time whole liver recovered/removed from donor:

Date:

Time:

Military time

Recipient:

TX Center:

Reason Code:

Specify:

Reason organ not transplanted:

Specify:

Recovery Team Center Code:

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:

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

Date and time liver segment 1 recovered/removed from donor: Date:

Time:

Military time

Recipient:

TX Center:

Reason Code:

Specify:

Reason organ not transplanted:

Specify:

Recovery Team Center Code:

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:

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

Date and time liver segment 2 recovered/removed from donor: Date:

Time:

Military time

Recipient:

TX Center:

Reason Code:

Specify:

Reason organ not transplanted:

Specify:

Recovery Team Center Code:

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

Date and time whole intestine recovered/removed from donor: Date:

Time:
Military time

Recipient:

TX Center:

Reason Code:

Specify:

Reason organ not transplanted:

Specify:

Recovery Team Center Code:

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

Date and time intestine segment 1 recovered/removed from donor:

Date:

Time:

Military time

Recipient:

TX Center:

Reason Code:

Specify:

Reason organ not transplanted:

Specify:

Recovery Team Center Code:

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

Date and time intestine segment 2 recovered/removed from donor:

Date:

Time:

Military time

Recipient:

TX Center:

Reason Code:

Specify:

Reason organ not transplanted:

Specify:

Recovery Team Center Code:

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

Date and time heart recovered/removed from donor: Date:

Time:

Military time

Recipient:

TX Center:

Reason Code:

Specify:

Reason organ not transplanted:

Specify:

Recovery Team Center Code:

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

Date and time left lung recovered/removed from donor: Date:

Time:

Military time

Recipient:

TX Center:

Reason Code:

Specify:

Reason organ not transplanted:

Specify:

Recovery Team Center Code:

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

Date and time right lung recovered/removed from donor: Date:

Time:

Military time

Recipient:

TX Center:

Reason Code:

Specify:

Reason organ not transplanted:

Specify:

Recovery Team Center Code:

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

Date and time double/en-bloc lung recovered/removed from donor:

Date:

Time:

Military time

Recipient:

TX Center:

Reason Code:

Specify:

Reason organ not transplanted:

Specify:

Recovery Team Center Code:

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: