

**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										
<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>Birth sex:</b> *	<input type="radio"/> Male <input type="radio"/> Female									
<b>Home City:</b> *	<b>State:</b>	<b>Zip Code:</b>								
<input type="text"/> ST= <input type="text"/>	<input type="text"/>	<input type="text"/> - <input type="text"/> ST= <input type="text"/>								
<b>Ethnicity:</b> *	<input type="radio"/> Hispanic or Latino <input type="radio"/> Not Hispanic or Latino <input type="radio"/> Ethnicity not reported									
<b>Race:</b> *										
<table border="0"> <tr> <td style="vertical-align: top;"> <b>American Indian or Alaska Native</b>  <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                 </td> <td style="vertical-align: top;"> <b>Asian</b>  <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                 </td> <td style="vertical-align: top;"> <b>Black or African American</b>  <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                 </td> <td style="vertical-align: top;"> <b>Native Hawaiian or Other Pacific Islander</b>  <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                 </td> </tr> <tr> <td style="vertical-align: top;"> <b>White</b>  <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                 </td> <td style="vertical-align: top;"> <b>Other</b>  <input type="checkbox"/> Race not reported                 </td> <td></td> <td></td> </tr> </table>			<b>American Indian or Alaska Native</b> <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	<b>Asian</b> <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	<b>Black or African American</b> <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	<b>Native Hawaiian or Other Pacific Islander</b> <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	<b>White</b> <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	<b>Other</b> <input type="checkbox"/> Race not reported		
<b>American Indian or Alaska Native</b> <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	<b>Asian</b> <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	<b>Black or African American</b> <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	<b>Native Hawaiian or Other Pacific Islander</b> <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							
<b>White</b> <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	<b>Other</b> <input type="checkbox"/> Race not reported									
<b>Citizenship:</b> *	<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									
<b>Home Country:</b>	<input type="text"/>									
<b>Cause of Death:</b> *	<input type="radio"/> ANOXIA <input type="radio"/> CEREBROVASCULAR/STROKE <input type="radio"/> HEAD TRAUMA <input type="radio"/> CNS TUMOR <input type="radio"/> OTHER SPECIFY									
<b>Specify:</b>	<input 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:** \*  YES  NO  UNK

**Serum Sodium:** \*  mEq/L **ST=**

**BUN:** \*  mg/dl **ST=**

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

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

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

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

**INR:** \*  **ST=**

**Hematocrit:** \*  % **ST=**

**Pancreas (PA Donors Only):**

**Serum Amylase:** \*  u/L **ST=**

**Serum Lipase:** \*  u/L **ST=**

**HbA1c:** \*  % **ST=**

**Infectious disease testing:**

**HBcAb:** \*  Positive  
 Negative  
 Not Done  
 Indeterminate/Equivocal

**HBV NAT:** \*  Positive  
 Negative  
 Not Done  
 Indeterminate/Equivocal

**HBsAg:** \*  Positive  
 Negative  
 Not Done  
 Indeterminate/Equivocal

**HBsAb:** \*  Positive  
 Negative  
 Not Done  
 Indeterminate/Equivocal

**HCV:** \*  Positive  
 Negative  
 Not Done  
 Indeterminate/Equivocal

**HCV NAT:** \*  Positive  
 Negative  
 Not Done  
 Indeterminate/Equivocal

**HIV:** \*  Positive  
 Negative  
 Not Done  
 Indeterminate/Equivocal

**HIV Ag/Ab Combo:** \*  Positive  
 Negative  
 Not Done  
 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: ST=

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: ST=   
 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: ST=   
 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: ST=   
 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: ST=   
 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: ST=   
 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=

PCO<sub>2</sub>:\*  mmHg ST=

PO<sub>2</sub>:  mmHg ST=

PEEP:  mm/Hg ST=

FiO<sub>2</sub>:\*  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	ST=	Final	ST=
MAP: (mmHg)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
CVP: (mmHg)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
PCWP: (mmHg)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
SVR: ((dynes/sec/cm) <sup>5</sup> )	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
PA Systolic: (mmHg)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
PA Diastolic: (mmHg)	<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"/>

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

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

DRAFT ONLY  
To preview changes coming Sept. 14, 2023

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

DRAFT ONLY  
To preview changes coming Sept. 14, 2023

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

DRAFT ONLY  
To preview changes coming Sept. 14, 2023

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:

DRAFT ONLY  
To preview changes  
coming Sept. 14, 2023