## Donor Information

**OPO:**

**Donor Hospital:**

**Referral Date:**

**Recovered Outside the U.S.:**

**Country:**

<table>
<thead>
<tr>
<th>Last Name:</th>
<th>First Name:</th>
<th>M.I.:</th>
</tr>
</thead>
<tbody>
<tr>
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</tr>
</tbody>
</table>

**DOB:**

**Age:**

<table>
<thead>
<tr>
<th>Months</th>
<th>Years</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Gender:**

- Male
- Female

**Home City:**

**State:**

**Zip Code:**

**Ethnicity/Race:**

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

- Black or African American
  - African American
  - African (Continental)
  - West Indian
  - Haitian
  - Black or African American: Other
  - Black or African American: 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

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

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

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

**Citizenship:**

- US Citizen
- Non-US Citizen/US Resident
- Non-US Citizen/Non-US Resident
- Unknown

**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
<table>
<thead>
<tr>
<th>Circumstances of Death: *</th>
<th>DRUG INTOXICATION</th>
<th>CARDIOVASCULAR</th>
<th>GUNSHOT WOUND</th>
<th>BLUNT INJURY</th>
<th>INTRACRANIAL HEMORRHAGE/STROKE</th>
<th>NONE OF THE ABOVE</th>
</tr>
</thead>
<tbody>
<tr>
<td>ACCIDENT, NON-MVA</td>
<td>MVA</td>
<td>SUICIDE</td>
<td>HOMICIDE</td>
<td>CHILD-ABUSE</td>
<td>DEATH FROM NATURAL CAUSES</td>
<td>NONE OF THE ABOVE</td>
</tr>
</tbody>
</table>

### Procurement and Authorization

<table>
<thead>
<tr>
<th>Medical Examiner/Coroner: *</th>
<th>NO</th>
<th>YES, MEDICAL EXAMINER CONSENTED</th>
<th>YES, MEDICAL EXAMINER REFUSED CONSENT</th>
<th>UNKNOWN</th>
</tr>
</thead>
</table>

Was the patient declared legally brain dead: *

- [ ] YES
- [ ] NO

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

- [ ] YES
- [ ] NO

If Yes, Duration of Resuscitation: __ min

ST = [ ]

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
- [ ] Advanced Directive
- [ ] Durable Power of Attorney / Healthcare Proxy
- [ ] Donor Registry
- [ ] Advanced Directive
- [ ] Other Specify [ ]

Was the authorization 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 authorization obtained for organ donation:

- [ ] Date:
- [ ] Time: [Military time]

### Clinical Information

<table>
<thead>
<tr>
<th>ABO Blood Group:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Height: ft in cm</td>
</tr>
<tr>
<td>Weight: lbs kg</td>
</tr>
</tbody>
</table>

Terminal Lab Data:

<table>
<thead>
<tr>
<th>Protein in Urine: *</th>
<th>YES</th>
<th>NO</th>
<th>UNK</th>
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</thead>
<tbody>
<tr>
<td>Serum Sodium: *</td>
<td></td>
<td>mEq/L</td>
<td>ST = [ ]</td>
</tr>
<tr>
<td>BUN: *</td>
<td></td>
<td>mg/dL</td>
<td>ST = [ ]</td>
</tr>
<tr>
<td>Serum Creatinine: *</td>
<td></td>
<td>mg/dL</td>
<td>ST = [ ]</td>
</tr>
<tr>
<td>Total Bilirubin: *</td>
<td></td>
<td>mg/dL</td>
<td>ST = [ ]</td>
</tr>
<tr>
<td>SGOT/AST: *</td>
<td></td>
<td>u/L</td>
<td>ST = [ ]</td>
</tr>
<tr>
<td>SGPT/ALT: *</td>
<td></td>
<td>u/L</td>
<td>ST = [ ]</td>
</tr>
<tr>
<td>INR: *</td>
<td></td>
<td></td>
<td>ST = [ ]</td>
</tr>
<tr>
<td>Hematocrit: *</td>
<td></td>
<td>%</td>
<td>ST = [ ]</td>
</tr>
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</table>

<table>
<thead>
<tr>
<th>Pancreas (PA Donors Only):</th>
</tr>
</thead>
<tbody>
<tr>
<td>Serum Lipase: *</td>
</tr>
<tr>
<td>Serum Amylase: *</td>
</tr>
<tr>
<td>HbA1c: *</td>
</tr>
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</table>

<table>
<thead>
<tr>
<th>Serology:</th>
</tr>
</thead>
<tbody>
<tr>
<td>HIV Serology Results: *</td>
</tr>
</tbody>
</table>


<table>
<thead>
<tr>
<th>Test</th>
<th>Positive</th>
<th>Negative</th>
<th>Unknown</th>
<th>Cannot Disclose</th>
<th>Not Done</th>
<th>Indeterminate</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>HIV Ag/Ab Combo Assay Results</strong></td>
<td></td>
<td></td>
<td></td>
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</tr>
<tr>
<td><strong>HTLV Serology Results</strong></td>
<td></td>
<td></td>
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</tr>
<tr>
<td><strong>Syphilis Serology Results</strong></td>
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<tr>
<td><strong>Anti-CMV Serology Results</strong></td>
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<tr>
<td><strong>HBsAg Serology Results</strong></td>
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<tr>
<td><strong>HbsAb Serology Results</strong></td>
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<tr>
<td><strong>HCV Serology Results</strong></td>
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<tr>
<td><strong>HBsAb Serology Results</strong></td>
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</tr>
<tr>
<td>Test Description</td>
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<tr>
<td>EBV (VCA) (IgG) Serology Results:*</td>
<td></td>
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<tr>
<td>EBV (VCA) (IgM) Serology Results:*</td>
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<tr>
<td>EBNA Serology Results:*</td>
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<tr>
<td>Chagas Serology Results:</td>
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<tr>
<td>West Nile Serology Results:</td>
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<tr>
<td>Toxoplasma (IgG) Results:*</td>
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<tr>
<td>NAT Results:</td>
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<tr>
<td>HIV NAT Results:*</td>
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<tr>
<td>HBV NAT Results:*</td>
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<tr>
<td>HCV NAT Results:*</td>
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</table>

* Indeterminate
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<th>Negative</th>
<th>Unknown</th>
<th>Cannot Disclose</th>
<th>Not Done</th>
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<tbody>
<tr>
<td>HTLV NAT Results:</td>
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<tr>
<td>Chagas NAT Results:</td>
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<tr>
<td>West Nile NAT Results:</td>
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<tr>
<td>Donor Management:</td>
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<tr>
<td>Steroids:</td>
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<tr>
<td>Diuretics:</td>
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<td>T3:</td>
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<td>T4:</td>
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<tr>
<td>Antihypertensives:</td>
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<tr>
<td>Vasodilators:</td>
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<tr>
<td>DDAVP:</td>
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<tr>
<td>Heparin:</td>
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<tr>
<td>Arginine Vasopressin:</td>
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<tr>
<td>Insulin:</td>
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<tr>
<td>Other/Specify:</td>
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<tr>
<td>Inotropic Medications at Time of Cross Clamp:</td>
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</tr>
</tbody>
</table>
## Medication

- Dopamine
- Dobutamine
- Epinephrine
- Levophed
- Neosynephrine
- Isoproterenol (Isuprel)
- Other, specify: [Specify]

## Number of transfusions during this (terminal) hospitalization:

- NONE
- 1 - 5
- 6 - 10
- GREATER THAN 10
- UNKNOWN

## Clinical Infection Confirmed by Culture:

- YES
- NO
- UNK

**Source**
- Blood
- Lung
- Urine
- Other
- Other, specify: [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

According to the OPTN policy in effect on the date of referral, does the donor have risk factors for blood-borne disease transmission:

- YES
- NO
- UNK

### History of Diabetes:

- NO
- YES, 0-5 YEARS
- YES, 6-10 YEARS
- YES, >10 YEARS
- YES, DURATION UNKNOWN
<table>
<thead>
<tr>
<th>Section</th>
<th>Options</th>
</tr>
</thead>
<tbody>
<tr>
<td>Insulin Dependent:</td>
<td>NO, YES, 0-5 YEARS, YES, 6-10 YEARS, YES, &gt;10 YEARS, YES, DURATION UNKNOWN, UNKNOWN</td>
</tr>
<tr>
<td>History of Hypertension:</td>
<td>NO, YES, 0-5 YEARS, YES, 6-10 YEARS, YES, &gt;10 YEARS, YES, UNKNOWN DURATION, UNKNOWN</td>
</tr>
<tr>
<td>If yes, method of control:</td>
<td>Diet: YES ☐ NO ☐ UNK, Diuretics: YES ☐ NO ☐ UNK, Other anti-hypertensive medication: YES ☐ NO ☐ UNK</td>
</tr>
<tr>
<td>History of Cancer:</td>
<td>Specify:</td>
</tr>
<tr>
<td>Cancer Free Interval:</td>
<td>ST=</td>
</tr>
<tr>
<td>Cancer at time of procurement:</td>
<td>Intracranial: YES ☐ NO ☐ UNK, Astrocytoma, Medulloblastoma, Glioblastoma Multiforme, Neuroblastoma</td>
</tr>
<tr>
<td>Type (for Intracranial):</td>
<td>Meningioma, Malignant Menigioma, Benign Angioblastoma, Unknown, Other specify</td>
</tr>
<tr>
<td>Other Specify:</td>
<td>Extracranial: YES ☐ NO ☐ UNK, Kidney, Breast, Thyroid, Tongue/Throat/Larynx</td>
</tr>
<tr>
<td>Type (for Extracranial):</td>
<td>Lung, Leukemia/Lymphoma, Liver, Unknown, Other specify</td>
</tr>
<tr>
<td>Other Specify:</td>
<td>Skin: YES ☐ NO ☐ UNK, Squamous Cell, Basal Cell, Melanoma, Unknown, Other specify</td>
</tr>
<tr>
<td>Type (for Skin):</td>
<td>Other Specify:</td>
</tr>
<tr>
<td>Other Specify:</td>
<td></td>
</tr>
</tbody>
</table>
Organ Recovery

Recovery Date (donor to OR):

Was this donor recovered under DCD protocol:  

If Yes, Controlled:  

If Yes, Date and time of withdrawal of support: 

If Yes, Date and time agonal phase begins (systolic BP < 80 or O2 sat. < 80%):  

If DCD, Total urine output during OR recovery phase:  

If Yes (Controlled and legally declared brain dead) Measures Between Withdrawal of Support and Circulatory Standstill. Provide Serial Data Every 5 Minutes Between Withdrawal of Support and Start of Agonal Phase, and Every 1 Minute Between Start of Agonal Phase and Circulatory Standstill.

If Yes (Controlled and NOT legally declared brain dead) Measures Between Withdrawal of Support and Circulatory Death. Provide Serial Data Every 5 Minutes Between Withdrawal of Support and Start of Agonal Phase, and Every 1 Minute Between Start of Agonal Phase and Circulatory Death.

<table>
<thead>
<tr>
<th>Date</th>
<th>Time (military time)</th>
<th>Systolic blood pressure</th>
<th>ST=</th>
<th>Diastolic blood pressure</th>
<th>ST=</th>
<th>Mean arterial pressure</th>
<th>ST=</th>
<th>O2 saturation</th>
<th>ST=</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</tr>
</tbody>
</table>

If Yes, Core Cooling Used:  

If yes, Date and time of abdominal aorta core cooling:  

If yes, Date and time of thoracic aorta core cooling:  

If yes, Date and time of portal vein core cooling:  

If yes, Date and time of pulmonary artery core cooling:  

If No, Was this an authorized DCD donor that progressed to brain death:  

Clamp Date:  

Clamp Time: (Military Time)  

Clamp Time Zone:  

All Donors Cardiac and Pulmonary Function:  

History of previous MI:  

LV ejection fraction (%):  

Method:  

If LV, Ejection Fraction < 50%:  

Structural Abnormalities:  

Valves:  

Congenital:  

LVH:  

Wall Abnormalities:  

Segmental:  

Global:  

Heart machine perfusion:  

Coronary Angiogram:
Yes, not normal

If Abnormal, # of Vessels with > 50% Stenosis:

0 1 2 3 Unknown

Pulmonary Measurements:

ABG Results

Blood pH: ___________________________ ST=

PCO₂: mmHg ST=

PO₂: mmHg ST=

PEEP: mmHg ST=

FiO₂: % ST=

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

Was a pulmonary artery catheter placed: YES NO

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

Initial Final

MAP: (mmHg) ST= ST=

CVP: (mmHg) ST= ST=

PCWP: (mmHg) ST= ST=

SVR: (dyne/sec/cm)^5 ST= ST=

PA Systolic: (mmHg) ST= ST=

PA Diastolic: (mmHg) ST= ST=

CO: (L/min) ST= ST=

Cardiac Index: (L/min/sq.m) ST= ST=

NO

YES, MYOCARDITIS

Biopsy (heart donors only):

YES, NEGATIVE BIOPSY RESULT

YES, OTHER DIAGNOSIS SPECIFY

Other Diagnosis /Specify:

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

How Long? hrs ST=

Flow rate: L/min ST=

Left Kidney Biopsy:

YES NO

Needle

Wedge

Other specify

Specify:

Absent
Minimal
Mild

Interstitial Fibrosis:

Mild-moderate
Severe
Unknown

Vascular changes:

Absent
Minimal
Mild
<table>
<thead>
<tr>
<th>Number of Glomeruli visualized</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>ST=</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Glomerulosclerosis %:</th>
<th></th>
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<tbody>
<tr>
<td>0-5</td>
<td></td>
</tr>
<tr>
<td>6-10</td>
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<tr>
<td>11-15</td>
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<td>16-20</td>
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<tr>
<td>20+</td>
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<tr>
<td>Indeterminate</td>
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<table>
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<tr>
<th>Pump:</th>
<th>YES</th>
<th>NO</th>
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<table>
<thead>
<tr>
<th>Type of Left Kidney Pump/Machine:</th>
<th>ORS:LifePort</th>
<th>Waters:RM3</th>
<th>Waters:Waves</th>
<th>Other specify</th>
</tr>
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<table>
<thead>
<tr>
<th>Specify:</th>
<th></th>
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</table>

<table>
<thead>
<tr>
<th>Final Resistance Prior to Shipping:</th>
<th>ST=</th>
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</table>

<table>
<thead>
<tr>
<th>Transferred to transplant center on pump:</th>
<th>YES</th>
<th>NO</th>
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</thead>
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<table>
<thead>
<tr>
<th>Right Kidney Biopsy:</th>
<th>YES</th>
<th>NO</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Type of biopsy:</th>
<th>Needle</th>
<th>Wedge</th>
<th>Other specify</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Specify:</th>
<th></th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Interstitial Fibrosis:</th>
<th>Absent</th>
<th>Minimal</th>
<th>Mild</th>
</tr>
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</table>

<table>
<thead>
<tr>
<th>Vascular changes:</th>
<th>Mild-moderate</th>
<th>Severe</th>
<th>Unknown</th>
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<table>
<thead>
<tr>
<th>Number of Glomeruli visualized</th>
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<thead>
<tr>
<th>Glomerulosclerosis %:</th>
<th></th>
</tr>
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<tbody>
<tr>
<td>0-5</td>
<td></td>
</tr>
<tr>
<td>6-10</td>
<td></td>
</tr>
<tr>
<td>11-15</td>
<td></td>
</tr>
<tr>
<td>16-20</td>
<td></td>
</tr>
<tr>
<td>20+</td>
<td></td>
</tr>
<tr>
<td>Indeterminate</td>
<td></td>
</tr>
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<table>
<thead>
<tr>
<th>Pump:</th>
<th>YES</th>
<th>NO</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Type of Right Kidney Pump/Machine:</strong></td>
<td>ORS:LifePort</td>
<td>Waters:RM3</td>
</tr>
<tr>
<td>---</td>
<td>---</td>
<td>---</td>
</tr>
<tr>
<td><strong>Specify:</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Final Resistance Prior to Shipping:</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Transferred to transplant center on pump:</strong></td>
<td>YES</td>
<td>NO</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>Liver Biopsy:</strong></th>
<th>YES</th>
<th>NO</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Type of Liver Biopsy</strong></td>
<td>Core</td>
<td>Wedge</td>
</tr>
<tr>
<td><strong>Specify:</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Fibrosis:</strong></td>
<td>No Fibrosis</td>
<td>Fibrosis expansion of some portal areas, with or without short fibrous septa</td>
</tr>
<tr>
<td><strong>Portal Infiltrates:</strong></td>
<td>None Noted</td>
<td>Mild, some or all portal areas</td>
</tr>
<tr>
<td><strong>% Macro vesicular fat:</strong></td>
<td></td>
<td>%</td>
</tr>
<tr>
<td><strong>% Micro/intermediate vesicular fat:</strong></td>
<td></td>
<td>%</td>
</tr>
<tr>
<td><strong>Liver Machine Perfusion:</strong></td>
<td>YES</td>
<td>NO</td>
</tr>
<tr>
<td><strong>Type of Liver Machine Perfusion:</strong></td>
<td>Normothermic</td>
<td>Hypothermic</td>
</tr>
<tr>
<td><strong>Specify:</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Left Lung Bronchoscopy:</strong></td>
<td>No Bronchoscopy</td>
<td>Bronchoscopy Results normal</td>
</tr>
<tr>
<td><strong>Left Lung Machine Perfusion Intended or Performed:</strong></td>
<td>YES</td>
<td>NO</td>
</tr>
<tr>
<td><strong>Right Lung Bronchoscopy:</strong></td>
<td>No Bronchoscopy</td>
<td>Bronchoscopy Results normal</td>
</tr>
</tbody>
</table>
### Right Lung Machine Perfusion
- Intended or 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
- Authorization Not Requested
- Authorization 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#:

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 En Bloc Kidney**

<table>
<thead>
<tr>
<th>Organ:</th>
<th>Authorization Not Requested</th>
<th>Authorization Not Obtained</th>
<th>Organ Not Recovered</th>
<th>Recovered Not for Tx</th>
<th>Recovered for TX but Not Tx</th>
<th>Transplanted</th>
<th>N/A</th>
</tr>
</thead>
</table>

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**

<table>
<thead>
<tr>
<th>Organ:</th>
<th>Authorization Not Requested</th>
<th>Authorization Not Obtained</th>
<th>Organ Not Recovered</th>
<th>Recovered Not for Tx</th>
<th>Recovered for TX but Not Tx</th>
<th>Transplanted</th>
<th>N/A</th>
</tr>
</thead>
</table>

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: 
Initial Flush Solution Volume: ST= 

Back Table Flush Solution:
Specify: 
Back Table Flush Solution Volume: ST= 

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: 

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: 
Initial Flush Solution Volume: ST= 

Back Table Flush Solution:
Specify: 
Back Table Flush Solution Volume: ST= 

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: 

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#: 

Authorization Not Requested
Authorization Not Obtained
Organ Not Recovered
Recovered Not for Tx
Recovered for TX but Not Tx
Transplanted
N/A
Initial Flush Solution:
Specify:
Initial Flush Solution Volume: ST=

Back Table Flush Solution:
Specify:
Back Table Flush Solution Volume: ST=

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

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:
Initial Flush Solution Volume: ST=

Back Table Flush Solution:
Specify:
Back Table Flush Solution Volume: ST=

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

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:
Initial Flush Solution Volume: ST=

Back Table Flush Solution:
Specify:
Back Table Flush Solution Volume: ST=

Final Flush/Storage Solution:
Specify:

OPO sent vessels with organ:
Were extra vessels used in the transplant procedure:
Vessel Donor ID:

Liver Segment 2

- Authorization Not Requested
- Authorization 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 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:
Initial Flush Solution Volume: ST=

Back Table Flush Solution:
Specify:
Back Table Flush Solution Volume: ST=

Final Flush/Storage Solution:
Specify:

Intestine

- Authorization Not Requested
- Authorization 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**

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

If DCD, date and time intestine 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 Segment 2**

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

If DCD, date and time intestine segment 2 recovered/removed from donor:  
Date:  
Time: [military time]  

Recipient:  
SSN:  
TX Center:  
Reason Code:  
Specify:  
Reason organ not transplanted:  
Specify:  
Recovery Team#:  

<table>
<thead>
<tr>
<th>Initial Flush Solution:</th>
<th>Specify:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Back Table Flush Solution:</td>
<td>Specify:</td>
</tr>
<tr>
<td>Final Flush/Storage Solution:</td>
<td>Specify:</td>
</tr>
<tr>
<td>OPO sent vessels with organ:</td>
<td>Were extra vessels used in the transplant procedure:</td>
</tr>
<tr>
<td>Vessel Donor ID:</td>
<td></td>
</tr>
</tbody>
</table>

**Heart**

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

**If DCD, date and time heart recovered/removed from donor:**

<table>
<thead>
<tr>
<th>Date:</th>
<th>Time: [ ] (military time)</th>
</tr>
</thead>
</table>

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: [ ] Authorization Not Requested
- [ ] Authorization 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:**

<table>
<thead>
<tr>
<th>Date:</th>
<th>Time: [ ] (military time)</th>
</tr>
</thead>
</table>

Recipient:
SSN:
TX Center:
Reason Code: Specify:
Reason organ not transplanted:
Specify:
Recovery Team#:
<table>
<thead>
<tr>
<th>Initial Flush Solution:</th>
<th>Specify:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Back Table Flush Solution:</td>
<td>Specify:</td>
</tr>
<tr>
<td>Final Flush/Storage Solution:</td>
<td>Specify:</td>
</tr>
<tr>
<td>OPO sent vessels with organ:</td>
<td>Were extra vessels used in the transplant procedure:</td>
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<tr>
<td>Vessel Donor ID:</td>
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### Right Lung

<table>
<thead>
<tr>
<th>Option</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>[ ]</td>
<td>Authorization Not Requested</td>
</tr>
<tr>
<td>[ ]</td>
<td>Authorization Not Obtained</td>
</tr>
<tr>
<td>[ ]</td>
<td>Organ Not Recovered</td>
</tr>
<tr>
<td>[ ]</td>
<td>Recovered Not for Tx</td>
</tr>
<tr>
<td>[ ]</td>
<td>Recovered for TX but Not Tx</td>
</tr>
<tr>
<td>[ ]</td>
<td>Transplanted</td>
</tr>
<tr>
<td>[ ]</td>
<td>N/A</td>
</tr>
</tbody>
</table>

**Organ:**

**If DCD, date and time right lung recovered/removed from donor:**

<table>
<thead>
<tr>
<th>Field</th>
<th>Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Date:</td>
<td></td>
</tr>
<tr>
<td>Time:</td>
<td>(military time)</td>
</tr>
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</table>

**Recipient:**

<table>
<thead>
<tr>
<th>Field</th>
<th>Value</th>
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</thead>
<tbody>
<tr>
<td>SSN:</td>
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</tr>
<tr>
<td>TX Center:</td>
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</table>

**Reason Code:**

<table>
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<tr>
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</table>

**Reason organ not transplanted:**

<table>
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**Recovery Team #:**

<table>
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### Double Lung

<table>
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</thead>
<tbody>
<tr>
<td>[ ]</td>
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</tr>
<tr>
<td>[ ]</td>
<td>Authorization Not Obtained</td>
</tr>
<tr>
<td>[ ]</td>
<td>Organ Not Recovered</td>
</tr>
<tr>
<td>[ ]</td>
<td>Recovered Not for Tx</td>
</tr>
<tr>
<td>[ ]</td>
<td>Recovered for TX but Not Tx</td>
</tr>
<tr>
<td>[ ]</td>
<td>Transplanted</td>
</tr>
<tr>
<td>[ ]</td>
<td>N/A</td>
</tr>
</tbody>
</table>

**Organ:**

**If DCD, date and time double/en-bloc lung recovered/removed from donor:**

<table>
<thead>
<tr>
<th>Field</th>
<th>Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Date:</td>
<td></td>
</tr>
<tr>
<td>Time:</td>
<td>(military time)</td>
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**Recipient:**

<table>
<thead>
<tr>
<th>Field</th>
<th>Value</th>
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<tbody>
<tr>
<td>SSN:</td>
<td></td>
</tr>
<tr>
<td>TX Center:</td>
<td></td>
</tr>
</tbody>
</table>

**Reason Code:**

<table>
<thead>
<tr>
<th>Specify</th>
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</table>

**Reason organ not transplanted:**

<table>
<thead>
<tr>
<th>Specify</th>
<th></th>
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</table>

**Recovery Team #:**

<table>
<thead>
<tr>
<th>Value</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Initial Flush Solution:</strong></td>
<td></td>
</tr>
<tr>
<td>-----------------------------</td>
<td>--</td>
</tr>
<tr>
<td><strong>Specify:</strong></td>
<td></td>
</tr>
<tr>
<td><strong>Back Table Flush Solution:</strong></td>
<td></td>
</tr>
<tr>
<td><strong>Specify:</strong></td>
<td></td>
</tr>
<tr>
<td><strong>Final Flush/Storage Solution:</strong></td>
<td></td>
</tr>
<tr>
<td><strong>Specify:</strong></td>
<td></td>
</tr>
<tr>
<td><strong>OPO sent vessels with organ:</strong></td>
<td></td>
</tr>
<tr>
<td><strong>Were extra vessels used in the transplant procedure:</strong></td>
<td></td>
</tr>
<tr>
<td><strong>Vessel Donor ID:</strong></td>
<td></td>
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