Living Donor Registration Worksheet

**Donor Information**

**Recipient Center:**

<table>
<thead>
<tr>
<th>Field</th>
<th>Details</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Donor Name:</strong></td>
<td><strong>UNOS Donor ID #:</strong></td>
</tr>
<tr>
<td><strong>Address:</strong></td>
<td></td>
</tr>
<tr>
<td><strong>Home City:</strong></td>
<td></td>
</tr>
<tr>
<td><strong>State:</strong></td>
<td></td>
</tr>
<tr>
<td><strong>Zip Code:</strong></td>
<td></td>
</tr>
<tr>
<td><strong>Home Phone:</strong></td>
<td></td>
</tr>
<tr>
<td><strong>Work Phone:</strong></td>
<td></td>
</tr>
<tr>
<td><strong>Email:</strong></td>
<td></td>
</tr>
<tr>
<td><strong>SSN:</strong></td>
<td></td>
</tr>
<tr>
<td><strong>Date of Birth:</strong></td>
<td></td>
</tr>
<tr>
<td><strong>Gender:</strong></td>
<td></td>
</tr>
<tr>
<td>Male</td>
<td></td>
</tr>
<tr>
<td>Female</td>
<td></td>
</tr>
</tbody>
</table>

**Marital Status at Time of Donation:**

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

**ABO Blood Group:**

- Biological, blood related Parent
- Biological, blood related Child
- Biological, blood related Identical Twin
- Biological, blood related Full Sibling
- Biological, blood related Half Sibling
- Biological, blood related Other Relative: SPECIFY
- Non-Biological, Spouse
- Non-Biological, Life Partner
- Non-Biological, Unrelated: Paired Donation
- Non-Biological, Unrelated: Non-Directed Donation (Anonymous)
- Non-Biological, Living/Deceased Donation
- Non-Biological, Unrelated: Domene
- Non-Biological, Other Unrelated Directed Donation: Specify

**Specify:**

**Ethnicity/Race:**

*select all origins that apply*

- American Indian or Alaska Native
- American Indian
- Eskimo
- Alaska Indian
- Asian
- Asian Indian/Indian Sub-Continent
- Chinese
- Filipino
- Japanese
<table>
<thead>
<tr>
<th>American Indian or Alaska Native: Other</th>
<th>Korean</th>
</tr>
</thead>
<tbody>
<tr>
<td>American Indian or Alaska Native: Not Specified/Unknown</td>
<td>Vietnamese</td>
</tr>
<tr>
<td></td>
<td>Asian: Other</td>
</tr>
<tr>
<td></td>
<td>Asian: Not Specified/Unknown</td>
</tr>
<tr>
<td></td>
<td>Black or African American</td>
</tr>
<tr>
<td></td>
<td>African American</td>
</tr>
<tr>
<td></td>
<td>African (Continental)</td>
</tr>
<tr>
<td></td>
<td>West Indian</td>
</tr>
<tr>
<td></td>
<td>Haitian</td>
</tr>
<tr>
<td></td>
<td>Black or African American: Other</td>
</tr>
<tr>
<td></td>
<td>Black or African American: Not Specified/Unknown</td>
</tr>
<tr>
<td></td>
<td>Native Hawaiian or Other Pacific Islander</td>
</tr>
<tr>
<td></td>
<td>Native Hawaiian</td>
</tr>
<tr>
<td></td>
<td>Guamanian or Chamorro</td>
</tr>
<tr>
<td></td>
<td>Samoan</td>
</tr>
<tr>
<td></td>
<td>Native Hawaiian or Other Pacific Islander: Other</td>
</tr>
<tr>
<td></td>
<td>Native Hawaiian or Other Pacific Islander: Not Specified/Unknown</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Citizenship:</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>US Citizen</strong></td>
</tr>
<tr>
<td><strong>Non-US Citizen/US Resident</strong></td>
</tr>
<tr>
<td><strong>Non-US Citizen/Non-US Resident, Traveled to US for Reason Other Than Transplant</strong></td>
</tr>
<tr>
<td><strong>Non-US Citizen/Non-US Resident, Traveled to US for Transplant</strong></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Country of Permanent Residence:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Year of Entry into U.S.:</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Highest Education Level:</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>NONE</strong></td>
</tr>
<tr>
<td><strong>GRADE SCHOOL (0-8)</strong></td>
</tr>
<tr>
<td><strong>HIGH SCHOOL (9-12) or GED</strong></td>
</tr>
<tr>
<td><strong>ATTENDED COLLEGE/TECHNICAL SCHOOL</strong></td>
</tr>
<tr>
<td><strong>ASSOCIATE/BACHELOR DEGREE</strong></td>
</tr>
<tr>
<td><strong>POST-COLLEGE GRADUATE DEGREE</strong></td>
</tr>
<tr>
<td><strong>N/A (&lt; 5 YRS OLD)</strong></td>
</tr>
<tr>
<td><strong>UNKNOWN</strong></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Did the donor have health insurance:</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>YES</strong></td>
</tr>
<tr>
<td><strong>NO</strong></td>
</tr>
<tr>
<td><strong>UNK</strong></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Functional Status:</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>No Limitations</strong></td>
</tr>
<tr>
<td><strong>Limited Mobility</strong></td>
</tr>
<tr>
<td><strong>Wheelchair bound or more limited</strong></td>
</tr>
<tr>
<td><strong>Unknown</strong></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Physical Capacity: (check one)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Working for Income:</strong></td>
</tr>
<tr>
<td><strong>YES</strong></td>
</tr>
<tr>
<td><strong>NO</strong></td>
</tr>
<tr>
<td><strong>UNK</strong></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Working for Income:</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Disability</strong></td>
</tr>
<tr>
<td><strong>Insurance Conflict</strong></td>
</tr>
<tr>
<td><strong>Inability to Find Work</strong></td>
</tr>
<tr>
<td><strong>Donor Choice - Homemaker</strong></td>
</tr>
<tr>
<td><strong>Donor Choice - Student Full Time/Part Time</strong></td>
</tr>
<tr>
<td><strong>Donor Choice - Retired</strong></td>
</tr>
<tr>
<td><strong>Donor Choice - Other</strong></td>
</tr>
<tr>
<td><strong>Unknown</strong></td>
</tr>
<tr>
<td><strong>Working Full Time</strong></td>
</tr>
<tr>
<td><strong>Working Part Time due to Disability</strong></td>
</tr>
<tr>
<td><strong>Working Part Time due to Insurance Conflict</strong></td>
</tr>
<tr>
<td><strong>Working Part Time due to Inability to Find Full Time Work</strong></td>
</tr>
<tr>
<td>Test</td>
</tr>
<tr>
<td>----------------------</td>
</tr>
<tr>
<td>Pre-Donation Clinical Information</td>
</tr>
<tr>
<td>Have any of the following viruses ever been tested for: HIV, CMV, HBV, HCV, EBV?</td>
</tr>
<tr>
<td>HIV Status:</td>
</tr>
<tr>
<td>CMV</td>
</tr>
<tr>
<td>Total:</td>
</tr>
<tr>
<td>IgG:</td>
</tr>
<tr>
<td>IgM:</td>
</tr>
<tr>
<td>Nucleic Acid Testing:</td>
</tr>
<tr>
<td>HBV</td>
</tr>
<tr>
<td>DNA (NAT/PCR):</td>
</tr>
<tr>
<td>Core Antibody:</td>
</tr>
<tr>
<td>Surface Antigen:</td>
</tr>
<tr>
<td>HCV</td>
</tr>
<tr>
<td>RNA (NAT/PCR):</td>
</tr>
<tr>
<td>Antibody:</td>
</tr>
</tbody>
</table>
RIBA:
- Positive
- Negative
- Not Done
- UNK/ Cannot Disclose

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

Total:

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

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

Pre-Donation Height and Weight

<table>
<thead>
<tr>
<th>Height:</th>
<th>ft</th>
<th>in</th>
<th>cm</th>
<th>ST=</th>
</tr>
</thead>
<tbody>
<tr>
<td>Weight:</td>
<td>lb</td>
<td>kg</td>
<td>ST=</td>
<td></td>
</tr>
</tbody>
</table>

History of Cancer:
- NO
- SKIN - SQUAMOUS, BASAL CELL
- SKIN - MELANOMA
- CNS TUMOR - ASTROCYTOMA
- CNS TUMOR - GLIOMA, ASTROCYTOMA
- CNS TUMOR - MEDULLOBLASTOMA
- CNS TUMOR - NEUROBLASTOMA
- CNS TUMOR - ANGIOMA, ANGIOMATOMA
- CNS TUMOR - MENINGIOMA
- CNS TUMOR - OTHER
- GENITOURINARY - BLADDER
- GENITOURINARY - UTERINE CERVIX
- GENITOURINARY - UTERINE BODY ENDOMETRIAL
- GENITOURINARY - UTERINE BODY CHORIOCARCINOMA
- GENITOURINARY - VULVA
- GENITOURINARY - OVARIAN
- GENITOURINARY - PENIS, TESTICULAR
- GENITOURINARY - PROSTATE
- GENITOURINARY - KIDNEY
- GENITOURINARY - UNKNOWN
- GASTROINTESTINAL - ESOPHAGEAL
- GASTROINTESTINAL - STOMACH
- GASTROINTESTINAL - SMALL INTESTINE
- GASTROINTESTINAL - COLO-RECTAL
- GASTROINTESTINAL - LIVER & BILIARY TRACT
- GASTROINTESTINAL - PANCREAS
- BREAST
<table>
<thead>
<tr>
<th>Field</th>
<th>Options</th>
</tr>
</thead>
<tbody>
<tr>
<td>Thyroid</td>
<td>THYROID, TONGUE/THROAT, LARYNX, LUNG (include bronchial), LEUKEMIA/LYMPHOMA, UNKNOWN, OTHER, SPECIFY</td>
</tr>
<tr>
<td>Cancer Free Interval</td>
<td>years</td>
</tr>
<tr>
<td>History of Cigarette Use</td>
<td>YES, NO</td>
</tr>
<tr>
<td>If Yes, Check # pack years</td>
<td>0-10, 11-20, 21-30, 31-40, 41-50, &gt;50, Unknown pack years</td>
</tr>
<tr>
<td>Duration of Abstinence</td>
<td>0-2 months, 3-12 months, 13-24 months, 25-36 months, 37-48 months, 49-60 months, &gt;60 months</td>
</tr>
<tr>
<td>Other Tobacco Used</td>
<td>YES, NO, UNK</td>
</tr>
<tr>
<td>Diabetes</td>
<td>YES, NO, UNK</td>
</tr>
<tr>
<td>Treatment</td>
<td>Insulin, Oral Hypoglycemic Agent, Diet</td>
</tr>
<tr>
<td>Pre-Donation Liver Clinical Information</td>
<td>Total Bilirubin: mg/dl</td>
</tr>
<tr>
<td></td>
<td>SGOT/AST: U/L</td>
</tr>
<tr>
<td></td>
<td>SGPT/ALT: U/L</td>
</tr>
<tr>
<td></td>
<td>Alkaline Phosphatase: units/L</td>
</tr>
<tr>
<td></td>
<td>Serum Albumin: g/dl</td>
</tr>
<tr>
<td></td>
<td>Serum Creatinine: mg/dl</td>
</tr>
<tr>
<td></td>
<td>INR: ST=</td>
</tr>
<tr>
<td>Pre-Donation Kidney Clinical Information</td>
<td>Liver Biopsy: YES, NO</td>
</tr>
<tr>
<td></td>
<td>% Macro vesicular fat: %</td>
</tr>
<tr>
<td></td>
<td>% Micro vesicular fat: %</td>
</tr>
<tr>
<td>Pre-Donation Kidney Clinical Information</td>
<td>History of Hypertension: NO, 0-5 YEARS, 6-10 YEARS, &gt;10 YEARS</td>
</tr>
</tbody>
</table>
If Yes, Method of Control:

- **Diet:**
  - YES
  - NO
  - UNK

- **Diuretics:**
  - YES
  - NO
  - UNK

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

**Serum Creatinine:**

<table>
<thead>
<tr>
<th>Value</th>
<th>ST</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Preoperative Blood Pressure**

<table>
<thead>
<tr>
<th>Systolic</th>
<th>ST</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Diastolic</th>
<th>ST</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Urinalysis**

- **Urine Protein:**
  - Positive
  - Negative
  - Not Done
  - Unknown

- **Protein-Creatinine Ratio:**

**Pre-Donation Lung Clinical Information**

<table>
<thead>
<tr>
<th>Metric</th>
<th>Before Bronchodilators</th>
<th>After Bronchodilators</th>
</tr>
</thead>
<tbody>
<tr>
<td>PVC % predicted</td>
<td></td>
<td></td>
</tr>
<tr>
<td>FEV1 % predicted</td>
<td></td>
<td></td>
</tr>
<tr>
<td>FEF (25-75%) % predicted</td>
<td></td>
<td></td>
</tr>
<tr>
<td>TLC % predicted</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Diffusing lung capacity corrected for alveolar volume % predicted</td>
<td></td>
<td></td>
</tr>
<tr>
<td>PaO2 on room air</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Value</th>
<th>ST</th>
</tr>
</thead>
<tbody>
<tr>
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<td></td>
</tr>
</tbody>
</table>

**Liver Surgical Information**

- **Type of Transplant Graft:**
  - Left Lateral Segment
  - Left Lobe
  - Right Lobe
  - Domino Whole Liver
  - Left Lobe without MHV (Middle Hepatic Vein)
  - Left Lobe with MHV
  - Right Lobe without MHV
  - Right Lobe with MHV
  - Domino Partial Liver

**Kidney Surgical Information**

- **Type of Transplant Graft:**
  - LEFT KIDNEY
  - RIGHT KIDNEY
  - EN-BLOC
  - Sequential Kidney
Intended Procedure Type:
- Transabdominal
- Flank (retroperitoneal)
- Laparoscopic Not Hand-assisted
- Laparoscopic Hand-assisted
- Natural Orifice

Conversion from Laparoscopic to Open:
- YES  NO

Lung Surgical Information
Type of Transplant Graft:
- LOBE, RI GHT
- LOBE, LEFT

Procedure Type:
- Open
- Video Assisted Thoracoscopic

Conversion from Thoracoscopic to Open:
- YES  NO

Intra-operative Complications:
- YES  NO
- Sacrifice of Second Lobe Specify
- Anesthetic Complication Specify
- Arrhythmia Requiring Therapy
- Cerebrovascular Accident
- Phrenic Nerve Injury
- Brachial Plexus Injury
- Breast Implant Rupture
- Other Specify
- RML
- RUL
- LUL
- Lingular

Sacrifice of Second Lobe, Specify:
- RML
- RUL
- LUL
- Lingular

Anesthetic Complication Specify:
- Medical therapy
- Cardioversion

Arrhythmia requiring therapy:
- Medical therapy
- Cardioversion

Other Specify:

Post-Operative Information
Date of Initial Discharge: 
Donor Status:
- Living
- Dead

Date Last Seen or Death: 
Cause of Death: 
Other Specify:

Non-Autologous Blood Administration:
- YES  NO
- If Yes, Number of Units: 
  - PRBC
  - Platelets
  - FFP

Liver Related Post-Operative Complications (In first 6 weeks post-donation)
Biliary Complications:
- YES  NO
- Grade 1 - Billious JP drainage more than 10 days
- Grade 2 - Interventional procedure (ERCP, PTC, percutaneous drainage, etc.)
- Grade 3 - Surgical Intervention

Date of surgery: 
### Vascular Complications Requiring Intervention:

- YES
- NO

If Yes, Specify:
- Portal Vein
- Hepatic Vein
- Hepatic Artery
- Pulmonary Embolus
- Deep Vein Thrombosis
- Other, Specify

### Other Complications Requiring Intervention:

- YES
- NO

If Yes, Specify:
- Renal insufficiency requiring dialysis
- Ascites
- Line or IV complication
- Pneumothorax
- Pneumonia
- Wound Complication
- Brachial Nerve Injury
- Other, specify

### Reoperation:

- YES
- NO
- UNK

If yes, specify reason for reoperation (during first six weeks):
- Liver Failure Requiring Transplant
- Bleeding Complications
- Hernia Repair
- Bowel Obstruction
- Vascular Complications
- Other Specify

### Any Readmission After Initial Discharge:

- YES
- NO
- UNK

If yes, specify reason for readmission (during first six weeks):
- Wound Infection
- Fever
- Bowel Obstruction
- Pleural Effusion
- Biliary Complications
- Vascular Complications
- Other, specify

### Other Interventional Procedures:

- YES
- NO
- UNK

If Yes, Specify Procedure:

Date of Procedure:

### Kidney Related Post-Operative Complications (In first 6 weeks post-donation)

### Vascular Complications Requiring Intervention:

- YES
- NO

If Yes, Specify:
- Renal Vein
- Renal Artery
- Aorta
- Vena Cava
### Pulmonary Embolus
- [ ] Pulmonary Embolus
- [ ] Deep Vein Thrombosis
- [ ] Other, specify

### Other Complications Requiring Intervention:
- [ ] YES
- [ ] NO

**If Yes, Specify:**
- Renal insufficiency requiring dialysis
- Ascites
- Line or IV complication
- Pneumothorax
- Pneumonia
- Wound Complication
- Brachial Nerve Injury
- Other, specify

### Reoperation:
- [ ] YES
- [ ] NO
- [ ] UNK

**If yes, specify reason for reoperation (during first six weeks):**
- Bleeding
- Hernia Repair
- Bowel Obstruction
- Vascular
- Other Specify

### Any Readmission After Initial Discharge:
- [ ] YES
- [ ] NO
- [ ] UNK

**If yes, specify reason for readmission (during first six weeks):**
- Wound Infection
- Fever
- Bowel Obstruction
- Pleural Effusion
- Vascular Complications
- Other, specify

### Other Interventional Procedures:
- [ ] YES
- [ ] NO
- [ ] UNK

**If yes, specify procedure:**

**Date of Procedure:**

### Lung Related Post-Operative Complications (In first 6 weeks post-donation)
- [ ] YES
- [ ] NO

**Post-operative complications during the initial hospitalization:**

**If Yes, Specify:**
- Arrhythmia requiring therapy
- Bleeding requiring surgical or therapeutic bronchoscopic intervention
- Bowel obstruction or ileus not requiring surgical intervention
- Bowel obstruction or ileus requiring surgical intervention
- Bronchial Stenosis/Stricture not requiring surgical or therapeutic bronchoscopic intervention
- Bronchial Stenosis/Stricture requiring surgical or therapeutic bronchoscopic intervention
- Bronchopleural Fistula requiring surgical or therapeutic bronchoscopic intervention
- Cardiovascular Accident
- Deep Vein Thrombosis
- Empyema requiring therapeutic surgical intervention
- Epidural-Related Complication
- Line or IV Complication
- Loculated pleural effusion requiring surgical intervention
- Pericardial tamponade or pericarditis requiring surgical intervention
- Pericarditis not requiring surgical intervention
- Peripheral Nerve Injury
- Phrenic Nerve Injury
- Placement of Additional Thoracostomy Tube(s), Specify Indication
- Pneumonia/Atelectasis
- Prolonged (>14 days) Thoracostomy Tube Requirement
- Pulmonary Artery Embolus or Thrombosis
- Pulmonary Vein or Left Atrial Thrombosis
- Wound Complication
- Wound infection requiring surgical intervention
- Other Specify
  - Medical therapy
  - Cardioversion
  - Electrophysiologic Ablation
  - Pneumothorax
  - Pleural effusion
  - Empyema

Arhythmia requiring therapy:
- Medical therapy
- Cardioversion
- Electrophysiologic Ablation

Placement of Additional Thoracostomy Tube(s), Indication:
- Pneumothorax
- Pleural effusion
- Empyema

Other Specify:

Any Readmission After Initial Discharge:
- YES
- NO
- UNK
  - YES
  - NO
  - UNK

If yes, specify reason for readmission (during first six weeks):
- Wound Infection
- Fever
- Bowel Obstruction
- Pleural Effusion
- Vascular Complications
- Other, specify

Specify:

If Yes, Date of First Readmission:

Post-Operative Clinical Information (Within 6 weeks post-donation)

Most Recent Date of Tests:

Weight:

Kidney Post-Operative Clinical Information

Serum Creatinine:

Post-Op Blood Pressure Systolic:

Post-Op Blood Pressure Diastolic:

Urinalysis:

Urine Protein:

Positive
Negative
Not Done
Unknown

or

Protein-Creatinine Ratio:

Donor Developed Hypertension Requiring Medication:
- YES
- NO
- UNK
### Liver Post-Operative Clinical Information

<table>
<thead>
<tr>
<th>Test</th>
<th>Value</th>
<th>ST</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total Bilirubin</td>
<td></td>
<td></td>
</tr>
<tr>
<td>SGOT/AST</td>
<td></td>
<td></td>
</tr>
<tr>
<td>SGPT/ALT</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Alkaline Phosphatase</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Serum Albumin</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Serum Creatinine</td>
<td></td>
<td></td>
</tr>
<tr>
<td>INR</td>
<td></td>
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</tr>
</tbody>
</table>

### Organ Recovery

<table>
<thead>
<tr>
<th>Organ(s) Recovered</th>
<th>Recipient Name (Last, First)</th>
<th>Recipient SSN#</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Donor Recovery Facility</th>
<th></th>
</tr>
</thead>
</table>

| Donor Workup Facility: |  |

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Public Burden/Privacy Act Statements


4/3/2015