

VCA TRANSPLANT PROGRAM CONTACT INFORMATION FOR RECEIVING ORGAN OFFERS WORKSHEET DESCRIPTIONS

The fields on the VCA Transplant Program Contact Information Worksheet page contain transplant program contact information regarding organ offers when a potential VCA donor is identified by an OPO.

Transplant Hospital: Enter the transplant hospital name or 4-character UNOS identification code.

For each VCA organ type (craniofacial, upper limb, lower limb, abdominal wall, and other), please complete the following fields:

For the **Primary Contact**, please complete the following fields:

First Name: Enter the first name of the primary contact.

Last Name: Enter the last name of the primary contact.

Phone Number 1: Enter the phone number for the primary contact.

Phone Number 2: Enter an alternative phone number for the primary contact.

Email: Enter an email address for the primary contact.

For the **Secondary Contact**, please complete the following fields:

First Name: Enter the first name of the secondary contact.

Last Name: Enter the last name of the secondary contact.

Phone Number 1: Enter the phone number for the secondary contact.

Phone Number 2: Enter an alternative phone number for the secondary contact.

Email: Enter an email address for the secondary contact.

Additionally, if "Other" is selected for the type of VCA organ, please complete the following field:

Specify Other VCA Organ(s): If "Other" is selected for the type of VCA organ, indicate which other VCA organ(s) the candidate is waiting for.

Add a Donor ?

PROVIDER INFORMATION

OPO: *

ALOB-Alabama Organ Center-Independent OPO ▼

Donor hospital: *

010079 - ATHENS-LIMESTONE HOSPITAL ▼

Time zone: *

Central ▼

Is Daylight Savings Time observed?: *

DONOR INFORMATION

Last name: *

Smith

First name:

Middle initial:

ABO:

O

A

B

AB

A1

A1B

A2

A2B

Date of birth:

01/01/1980 

Age:

34 Years ▼

Gender:

Male Female

Height:

6 ft

0 in

182.88 cm

Weight:

180 lbs

81.6466 kg

BMI:

24.4121 kg/m²

Local Deceased Donor ?

Related Links

- [Return to search](#)
- [View Contact Log](#)
- [Attachment View Log](#)

Doe, John Donor ID: [REDACTED]

Donor Summary | [Matches](#) | [OPO Console](#)



Details | Vital Signs | Labs | Meds/Fluids | Serologies | Tests | Attachments | Crossmatch & HLA | Organ Data

Circumstance of death:

Clamp time:

[Cross-clamp data not available.]

Donor meets ECD criteria: NO

Donor meets DCD criteria: YES NO

Cardiac arrest / downtime?: YES NO UNK

CPR administered?: YES NO UNK

Ethnicity/race: * White: White: Not Specified/Unknown

Donor Highlights:

VCA Donor: upper right limb, face

Character count: 4956 characters remaining (5000 limit)

Admission course comments:

Character count: 5000 characters remaining (5000 limit)

Local Deceased Donor ?

Smith, Donor ID: ABFC455

Donor Summary

OPO Console

Donor Organ Disposition (Feedback)

Disposition Open

Donor Information

OPO: 01P001 - ALOB - Alabama Organ Center

Donor hospital: 010079 - ATHENS-LIMESTONE HOSPITAL

Histocompatibility lab:

Donor name: Smith

Date of referral call:

Recovery date:

Referral only: YES NO

Enter a disposition for each organ type for this Donor

Disposition of donor organs

Organ	Disposition(supply code)
Right Kidney	<input type="text" value="Consent Not Requested"/>
Left Kidney	<input type="text" value="Consent Not Requested"/>
Double/En-bloc Kidney	<input type="text"/>
Pancreas	<input type="text" value="Consent Not Obtained"/>
Pancreas Segment 1	<input type="text"/>
Pancreas Segment 2	<input type="text"/>
Liver	<input type="text" value="Consent Not Obtained"/>

VCA CANDIDATE REGISTRATION WORKSHEET DESCRIPTIONS

The fields on the VCA Candidate Registration Worksheet page contain demographic and basic clinical information about the candidates on the national VCA waiting list.

Transplant Hospital: Enter the transplant hospital name or 4-character UNOS identification code.

CANDIDATE INFORMATION

VCA Organ(s): Select the type(s) of VCA organ(s) for which the candidate is waiting. Select all as appropriate from **Left Upper Limb, Right Upper Limb, Left Lower Limb, Right Lower Limb, Craniofacial, Abdominal Wall, and Other.**

Specify Other VCA Organ(s): If “Other” is selected for the type of VCA organ, indicate which other VCA organ(s) the candidate is waiting for.

ABO: Select from (A, A₁, A₂, B, AB, A₁B, A₂B, O) as appropriate to indicate the candidate’s blood type.

Note: A₂ refers to non-A₁ blood types.

Note: Policy **requires** a second individual to review source documents from two separate ABO typings to verify that the ABO is correctly entered for this candidate.

Note: Two separate source documents that show **identical** ABO blood types must be submitted to the UNOS Organ Center along with the VCA Candidate Registration Worksheet in order for the candidate to be registered to receive a VCA organ.

Name of staff member verifying ABO result & accuracy of entry on worksheet: Enter the name of the staff member who verified the ABO result and the accuracy of ABO entry on the worksheet.

Last Name: Enter the last name of the candidate.

First Name: Enter the first name of the candidate.

Middle Initial (MI): Enter the candidate’s middle initial.

SSN: When adding a transplant candidate, verify the candidate’s social security number. If the candidate’s social security number was entered incorrectly, contact the UNOS Organ Center at 1-800-292-9537.

Date of Birth (DOB): Enter the candidate’s date of birth as month, day, and year of birth (M/D/YYYY).

Gender: Indicate whether the candidate is a Male or a Female.

Ethnicity/Race: Select all as appropriate to indicate the candidate’s ethnicity/race.

White/Caucasian: Select for candidates who are of European Descent, Arab, Middle Eastern or North African (non-Black).

Black/African American: Select for candidates of African descent (i.e. African American, African (Continental), West Indian or Haitian).

Hispanic/Latino: Select for candidates who are of Central or South American descent (i.e. Mexican, Puerto Rican (Mainland), Puerto Rican (Island) or Cuban).

Asian: Select for candidates who are of Asian descent (i.e. Asian Indian/Indian Sub-Continent, Chinese, Filipino, Japanese, Korean or Vietnamese).

American Indian/Alaska Native: Select for candidates who are of North, South, Central or American descent (i.e. American Indian, Eskimo, Aleutian or Alaska Indian).

Native Hawaiian/Pacific Islander: Select for candidates who are descendants of the Native Hawaiian, Guamanian or Chamorro, or Samoan peoples.

Skin Tone/Pigmentation: Select one from the Fitzpatrick Scale as appropriate to indicate the candidate's skin tone/pigmentation.

The Fitzpatrick Scale (also referred to as the Fitzpatrick skin typing test or Fitzpatrick phototyping scale) is a numerical classification schema for the color of skin.

Type I (scores 0–6) Pale white; blond or red hair; blue eyes; freckles — Always burns, never tans

Type II (scores 7–13) White; fair; blond or red hair; blue, green or hazel eyes — Usually burns, tans minimally

Type III (scores 14–20) Cream white; fair with any hair or eye color; quite common — Sometimes mild burn, tans uniformly

Type IV (scores 21–27) Moderate brown; typical Mediterranean skin tone — Rarely burns, always tans well

Type V (scores 28–34) Dark brown; Middle Eastern skin types — Very rarely burns, tans very easily

Type VI (scores 35+) Deeply pigmented dark brown to black — Never burns, tans very easily

The Fitzpatrick scale is only meant to be a preliminary tool to facilitate discussion on skin tone and pigmentation. More information about the Fitzpatrick Scale, a guide to help determine scoring, and some examples can be found at the end of this documentation or at <http://www.arpana.gov.au/pubs/RadiationProtection/FitzpatrickSkinType.pdf>.

Height at Registration (in): Enter the height of the candidate at the time of registration, in inches.

Note: If applicable, enter the height of the candidate without prosthetics.

Weight at Registration (lbs): Enter the weight of the candidate at the time of registration, in pounds.

Note: If applicable, enter the weight of the candidate without prosthetics.

Calculated Panel Reactive Antibodies (CPRA) at Registration: Enter the candidate's CPRA score at the time of registration as a percentage (%). The OPTN CPRA calculator can be found at <http://optn.transplant.hrsa.gov/resources/allocationcalculators.asp?index=78>.

HLA Antigens: Indicate the candidate's histocompatibility antigens.

Currently Registered on the Waiting List for Non-VCA Organ(s): Indicate whether the candidate is currently on the WaitlistSM for any non-VCA organ(s).

If Yes, What Organ(s): Indicate what non-VCA organ(s) the candidate is currently registered for on the WaitlistSM. Select all as appropriate from (Heart, Heart-Lung, Lung, Kidney, Kidney-Pancreas, Pancreas, Liver, Intestine, and Pancreas Islet).

Donor Acceptance Information (limited to 500 characters): List any additional information here, such as if the upper extremities are above/below the elbow, if partial face, etc.

Donor Exclusionary Criteria (limited to 500 characters): List any donor exclusionary criteria here, such as serology results, unacceptable antigens, etc.

Name of staff member verifying worksheet information: Enter the name of the staff member who verified the information on the worksheet.



Australian Government
Australian Radiation Protection
and Nuclear Safety Agency

Fitzpatrick Skin Type

The most commonly used scheme to classify a person's skin type by their response to sun exposure in terms of the degree of burning and tanning was developed by Thomas B. Fitzpatrick*, MD, PhD. Examples are given below.

* Fitzpatrick, T.B. (1988) The validity and practicality of sun reactive skin types I through VI. Arch Dermatol 124; 869-871.

Eye colour

- 0. Light colours
- 1. Blue, gray or green
- 2. Dark
- 3. Brown
- 4. Black

Natural hair colour

- 0. Sandy red
- 1. Blond
- 2. Chestnut or dark blond
- 3. Brown
- 4. Black

Your skin colour (unexposed areas)

- 0. Reddish
- 1. Pale
- 2. Beige or olive
- 3. Brown
- 4. Dark brown

Freckles (unexposed areas)

- 0. Many
- 1. Several
- 2. Few
- 3. Rare
- 4. None

If you stay in the sun too long?

- 0. Painful blisters, peeling
- 1. Mild blisters, peeling
- 2. Burn, mild peeling
- 3. Rare
- 4. No burning

Do you turn brown?

- 0. Never
- 1. Seldom
- 2. Sometimes
- 3. Often
- 4. Always

How brown do you get?

- 0. Never
- 1. Light tan
- 2. Medium tan
- 3. Dark tan
- 4. Deep dark

Is your face sensitive to the sun?

- 0. Very sensitive
- 1. Sensitive
- 2. Sometimes
- 3. Resistant
- 4. Never have a problem

How often do you tan?

- 0. Never
- 1. Seldom
- 2. Sometimes
- 3. Often
- 4. Always

When was your last tan?

- 0. +3 months ago
- 1. 2-3 months ago
- 2. 1-2 months ago
- 3. Weeks ago
- 4. Days

Score

0-6	Skin Type I	
7-13	Skin Type II	
14-20	Skin Type III	
21-27	Skin Type IV	
28-34	Skin Type V	
35+	Skin Type VI	

Images sourced from iStockphoto

* The information published here is not intended to take the place of medical advice. Please seek advice from a qualified health care professional.

VCA Candidate Registration Worksheet

Transplant Hospital																
Candidate Information																
VCA Organ(s) (Select all that apply)	<input type="checkbox"/> Upper Limb, Left <input type="checkbox"/> Upper Limb, Right <input type="checkbox"/> Craniofacial <input type="checkbox"/> Other <input type="checkbox"/> Lower Limb, Left <input type="checkbox"/> Lower Limb, Right <input type="checkbox"/> Abdominal Wall															
If Applicable, Specify Other VCA Organ(s)																
ABO <small>(Policy <u>requires</u> you to review source documents from two separate ABO typings to verify that the ABO is correctly entered for this candidate)</small>	<input type="radio"/> A <input type="radio"/> A1 <input type="radio"/> A2 <input type="radio"/> B <input type="radio"/> AB <input type="radio"/> A1B <input type="radio"/> A2B <input type="radio"/> O															
Name of staff member verifying ABO result & accuracy of entry on worksheet <small>(Source documents that show identical ABO blood types must be submitted for the candidate to be registered)</small>																
Last Name																
First Name																
Middle Initial																
SSN																
Date of Birth (M/D/YYYY)																
Gender																
Ethnicity/Race (Select all that apply)	<input type="checkbox"/> White/Caucasian <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> American Indian/Alaska Native <input type="checkbox"/> Black/African American <input type="checkbox"/> Asian <input type="checkbox"/> Native Hawaiian/Pacific Islander															
Skin Tone/Pigmentation																
Height at Registration (in)																
Weight at Registration (lbs)																
Calculated Panel Reactive Antibody (CPRA) at Registration (%)																
HLA Antigens	<table style="width: 100%; border: none;"> <tr> <td style="width: 33%;">A: <input type="text"/></td> <td style="width: 33%;">A: <input type="text"/></td> <td style="width: 33%;">Bw: <input type="text"/></td> </tr> <tr> <td>B: <input type="text"/></td> <td>B: <input type="text"/></td> <td>Bw: <input type="text"/></td> </tr> <tr> <td>DR: <input type="text"/></td> <td>DR: <input type="text"/></td> <td>DR5: <input type="text"/></td> </tr> <tr> <td>C: <input type="text"/></td> <td>C: <input type="text"/></td> <td>DR5: <input type="text"/></td> </tr> <tr> <td>DQB: <input type="text"/></td> <td>DQB: <input type="text"/></td> <td>DR5: <input type="text"/></td> </tr> </table>	A: <input type="text"/>	A: <input type="text"/>	Bw: <input type="text"/>	B: <input type="text"/>	B: <input type="text"/>	Bw: <input type="text"/>	DR: <input type="text"/>	DR: <input type="text"/>	DR5: <input type="text"/>	C: <input type="text"/>	C: <input type="text"/>	DR5: <input type="text"/>	DQB: <input type="text"/>	DQB: <input type="text"/>	DR5: <input type="text"/>
A: <input type="text"/>	A: <input type="text"/>	Bw: <input type="text"/>														
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DR: <input type="text"/>	DR: <input type="text"/>	DR5: <input type="text"/>														
C: <input type="text"/>	C: <input type="text"/>	DR5: <input type="text"/>														
DQB: <input type="text"/>	DQB: <input type="text"/>	DR5: <input type="text"/>														
Currently Registered on the Waiting List for Non-VCA Organ(s)?																
If Yes, What Organ(s)? (Select all that apply)	<input type="checkbox"/> Heart <input type="checkbox"/> Lung <input type="checkbox"/> Kidney-Pancreas <input type="checkbox"/> Liver <input type="checkbox"/> Pancreas Islet <input type="checkbox"/> Heart-Lung <input type="checkbox"/> Kidney <input type="checkbox"/> Pancreas <input type="checkbox"/> Intestine															
Donor Acceptance Information (limited to 500 characters) <small>List any additional information here, such as if the upper extremities are above/below the elbow, if partial face, etc.</small>																
Donor Exclusionary Criteria (limited to 500 characters) <small>List any exclusionary criteria here, such as serology results, unacceptable antigens, etc.</small>																
Name of staff member verifying worksheet information																

Please review the data before submitting via secure email to UNOS (vca@unos.org)

VCA CANDIDATE REMOVAL WORKSHEET DESCRIPTIONS

The fields on the VCA Candidate Removal Worksheet page contain information about the candidate's removal from the national VCA waiting list.

CANDIDATE INFORMATION

Transplant Hospital: Enter the transplant hospital name or 4-character UNOS identification code.

UNOS VCA Candidate ID: Enter the UNOS generated candidate ID from the VCA waiting list registration.

Last Name: Enter the last name of the candidate.

SSN: Enter the candidate's social security number.

Date of Birth (DOB): Enter the candidate's date of birth as month, day, and year of birth (M/D/YYYY).

REMOVAL INFORMATION

Removal Date: Enter the date the candidate's VCA registration was removed from the waiting list as month, day, and year of removal (M/D/YYYY).

Removal Reason: Select one from the following to indicate the reason for removing the candidate from the VCA waiting list:

- Deceased Donor Transplant
- Living Donor Transplant
- Candidate Died
- Candidate Died During Transplant Procedure
- Candidate Refused Transplant
- Unable to Contact Candidate
- Candidate Condition Improved, Transplant Not Needed
- Candidate Condition Deteriorated, Too Sick for Transplant
- Transferred to Another Center
- Transplanted at Another Center (Multi-Listed)
- Transplanted in Another Country
- Candidate Listed in Error
- Other

If Removal Reason "**Other**" is selected, please complete the following field:

- **If "Other" Removal Reason, Specify:** Enter the other reason for removal from the VCA Waitlist.

VCA Organ(s) to be Removed: Select the type(s) of VCA organ(s) the candidate is being removed from the waiting list for. Select all as appropriate from **Left Upper Limb, Right Upper Limb, Left Lower Limb, Right Lower Limb, Craniofacial, Abdominal Wall, and Other.**

- **If Applicable, Specify Other VCA Organ(s) to be Removed:** If “Other” is selected for the type of VCA organ, indicate which other VCA organ(s) the candidate is being removed from the waiting list for.

Note: For candidates registered for more than one VCA organ type, select only the organ type(s) to be removed.

If the candidate **Died**, please complete the following fields:

- **Date of Death:** Enter the candidate’s date of death as month, day, and year of death (M/D/YYYY).
- **Cause of Death:** Enter the candidate’s cause of death.

If the candidate received a **Deceased Donor Transplant** or **Living Donor Transplant**, please complete the following fields:

Date of Transplant: Enter the transplant date as the date of the beginning of the first anastomosis as month, day, and year of transplant (M/D/YYYY). If the operation started in the evening and the first anastomosis began early the next morning, the transplant date is the date that the first anastomosis began. The transplant is considered complete when the cavity is closed and the final skin stitch/staple is applied.

If the candidate received a **Deceased Donor Transplant** or a **Living Donor Transplant**, please complete the following field:

- **UNOS Donor ID:** Enter the UNOS donor ID.

If the candidate received a **Deceased Donor Transplant**, please complete the following field:

- **Recovering OPO:** Select the donor OPO from the drop-down menu.

VCA Candidate Removal Worksheet

Candidate Information	
Transplant Hospital	
UNOS VCA Candidate ID	
Last Name	
SSN	
Date of Birth (M/D/YYYY)	
Removal Information	
Removal Date (M/D/YYYY)	
Removal Reason	
If "Other" Removal Reason, Specify	
VCA Organ(s) to be Removed (Select all that apply)	<input type="checkbox"/> Upper Limb, Left <input type="checkbox"/> Upper Limb, Right <input type="checkbox"/> Craniofacial <input type="checkbox"/> Other <input type="checkbox"/> Lower Limb, Left <input type="checkbox"/> Lower Limb, Right <input type="checkbox"/> Abdominal Wall
If Applicable, Specify Other VCA Organ(s) to be Removed	
If Candidate Died, Date of Death (M/D/YYYY)	
Cause of Death	
If Candidate was Transplanted, Date of Transplant (M/D/YYYY)	
Recovering OPO	
UNOS Donor ID	

Please review the data before submitting via secure email to
UNOS (vca@unos.org)