THE 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

<table>
<thead>
<tr>
<th>Field</th>
<th>Value</th>
<th>Units</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Last name:</strong></td>
<td>Smith</td>
<td></td>
</tr>
<tr>
<td><strong>First name:</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Middle initial:</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>ABO:</strong></td>
<td>O</td>
<td></td>
</tr>
<tr>
<td></td>
<td>A</td>
<td></td>
</tr>
<tr>
<td></td>
<td>B</td>
<td></td>
</tr>
<tr>
<td></td>
<td>A8</td>
<td></td>
</tr>
<tr>
<td></td>
<td>A1B</td>
<td></td>
</tr>
<tr>
<td></td>
<td>A2B</td>
<td></td>
</tr>
<tr>
<td><strong>Date of birth:</strong></td>
<td>01/01/1980</td>
<td></td>
</tr>
<tr>
<td><strong>Age:</strong></td>
<td>34 Years</td>
<td></td>
</tr>
<tr>
<td><strong>Gender:</strong></td>
<td>Male</td>
<td></td>
</tr>
<tr>
<td><strong>Height:</strong></td>
<td>6 ft</td>
<td></td>
</tr>
<tr>
<td><strong>Weight:</strong></td>
<td>180 lbs</td>
<td></td>
</tr>
<tr>
<td><strong>BMI:</strong></td>
<td>24.4121 kg/m²</td>
<td></td>
</tr>
<tr>
<td><strong>Weight:</strong></td>
<td>81.6466 kg</td>
<td></td>
</tr>
<tr>
<td><strong>Height:</strong></td>
<td>182.88 cm</td>
<td></td>
</tr>
</tbody>
</table>
Local Deceased Donor

- **Circumstance of death:**
  - Donor meets ECD criteria: NO
  - Donor meets DCD criteria: YES NO
  - Cardiac arrest/downtime?: YES NO UIK
  - CPR administered?: YES NO UIK

- **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:
### Local Deceased Donor

**Donor ID:** ABFC455

#### 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

<table>
<thead>
<tr>
<th>Organ</th>
<th>Disposition(supply code)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Right Kidney</td>
<td>Consent Not Requested</td>
</tr>
<tr>
<td>Left Kidney</td>
<td>Consent Not Requested</td>
</tr>
<tr>
<td>Double/En-bloc Kidney</td>
<td></td>
</tr>
<tr>
<td>Pancreas</td>
<td>Consent Not Obtained</td>
</tr>
<tr>
<td>Pancreas Segment 1</td>
<td></td>
</tr>
<tr>
<td>Pancreas Segment 2</td>
<td></td>
</tr>
<tr>
<td>Liver</td>
<td>Consent Not Obtained</td>
</tr>
</tbody>
</table>
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.arpansa.gov.au/pubs/RadiationProtection/FitzpatrickSkinType.pdf](http://www.arpansa.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](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 Waitlist℠ 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 Waitlist℠. 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.
# 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.


<table>
<thead>
<tr>
<th>Eye colour</th>
<th>Do you turn brown?</th>
<th>Score</th>
<th>Natural hair colour</th>
<th>How brown do you get?</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>0. Light colours</td>
<td>0. Never</td>
<td>0-6</td>
<td>0. Sandy red</td>
<td>0. Never</td>
<td></td>
</tr>
<tr>
<td>2. Dark</td>
<td>2. Sometimes</td>
<td></td>
<td>2. Chestnut or dark blond</td>
<td>2. Medium tan</td>
<td></td>
</tr>
</tbody>
</table>

Your skin colour (unexposed areas)

| 0. Reddish               | 0. Very sensitive  | 14-20 | Burns moderately, tans uniformly (light brown skin) |   |
| 1. Pale                  | 1. Sensitive       |       |   |
| 2. Beige or olive        | 2. Sometimes       |       | Burns minimally, always tans well (moderate brown skin) |   |
| 3. Brown                 | 3. Resistant       |       | 21-27 | Skin Type IV |
| 4. Dark brown            | 4. Never have a problem |       | Burns minimally, always tans well (moderate brown skin) |   |

Freckles (unexposed areas)

| 0. Many                   | 0. Never           | 28-34 | Rarely burns, tans profusely (dark brown skin) |   |
| 1. Several               | 1. Seldom          |       |   |
| 2. Few                   | 2. Sometimes       |       |   |
| 3. Rare                  | 3. Often           |       |   |
| 4. None                  | 4. Always          |       |   |

If you stay in the sun too long?

| 0. Painful blisters, peeling | 0. +3 months ago | 35+ | Skin Type VI |
| 1. Mild blisters, peeling   | 1. 2–3 months ago |   | Burns minimally, always tans well (moderate brown skin) |   |
| 2. Burn, mild peeling       | 2. 1–2 months ago |   | Burns minimally, always tans well (moderate brown skin) |   |
| 3. Rare                    | 3. Weeks ago      |   | Burns minimally, always tans well (moderate brown skin) |   |
| 4. No burning              | 4. Days           |   |   |

When was your last tan?

Images sourced from Stockphoto

* 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

#### Candidate Information

<table>
<thead>
<tr>
<th>VCA Organ(s) (Select all that apply)</th>
<th>Upper Limb, Left</th>
<th>Upper Limb, Right</th>
<th>Craniofacial</th>
<th>Other</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Lower Limb, Left</td>
<td>Lower Limb, Right</td>
<td>Abdominal Wall</td>
<td></td>
</tr>
</tbody>
</table>

If Applicable, Specify Other VCA Organ(s)

- A
- A1
- A2
- B
- AB
- A1B
- A2B
- O

ABO (Policy requires you to review source documents from two separate ABO typings to verify that the ABO is correctly entered for this candidate)

**Name of staff member verifying ABO result & accuracy of entry on worksheet**

(Source documents that show identical ABO blood types must be submitted for the candidate to be registered)

#### Candidate Information

<table>
<thead>
<tr>
<th>Last Name</th>
</tr>
</thead>
<tbody>
<tr>
<td>First Name</td>
</tr>
<tr>
<td>Middle Initial</td>
</tr>
<tr>
<td>SSN</td>
</tr>
<tr>
<td>Date of Birth (M/D/YYYY)</td>
</tr>
<tr>
<td>Gender</td>
</tr>
<tr>
<td>Ethnicity/Race (Select all that apply)</td>
</tr>
<tr>
<td>Skin Tone/Pigmentation</td>
</tr>
<tr>
<td>Height at Registration (in)</td>
</tr>
<tr>
<td>Weight at Registration (lbs)</td>
</tr>
<tr>
<td>Calculated Panel Reactive Antibody (CPRA) at Registration (%)</td>
</tr>
</tbody>
</table>

#### HLA Antigens

<table>
<thead>
<tr>
<th>A</th>
<th>A</th>
<th>Bw</th>
</tr>
</thead>
<tbody>
<tr>
<td>B</td>
<td></td>
<td></td>
</tr>
<tr>
<td>DR</td>
<td>DR</td>
<td>DR5</td>
</tr>
<tr>
<td>C</td>
<td></td>
<td>DR5</td>
</tr>
<tr>
<td>DQB</td>
<td>DQB</td>
<td>DR5</td>
</tr>
</tbody>
</table>

#### Currently Registered on the Waiting List for Non-VCA Organ(s)?

If Yes, What Organ(s)? (Select all that apply)

- Heart
- Lung
- Kidney-Pancreas
- Liver
- Pancreas Islet
- Heart-Lung
- Kidney
- Pancreas
- Intestine

#### 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 exclusionary criteria here, such as serology results, unacceptable antigens, etc.

#### Name of staff member verifying worksheet information

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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

<table>
<thead>
<tr>
<th>Candidate Information</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Transplant Hospital</strong></td>
</tr>
<tr>
<td><strong>UNOS VCA Candidate ID</strong></td>
</tr>
<tr>
<td><strong>Last Name</strong></td>
</tr>
<tr>
<td><strong>SSN</strong></td>
</tr>
<tr>
<td><strong>Date of Birth (M/D/YYYY)</strong></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Removal Information</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Removal Date (M/D/YYYY)</strong></td>
</tr>
<tr>
<td><strong>Removal Reason</strong></td>
</tr>
<tr>
<td>If &quot;Other&quot; Removal Reason, Specify</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>VCA Organ(s) to be Removed (Select all that apply)</th>
</tr>
</thead>
<tbody>
<tr>
<td>□ Upper Limb, Left</td>
</tr>
<tr>
<td>□ Upper Limb, Right</td>
</tr>
<tr>
<td>□ Craniofacial</td>
</tr>
<tr>
<td>□ Other</td>
</tr>
<tr>
<td>□ Lower Limb, Left</td>
</tr>
<tr>
<td>□ Lower Limb, Right</td>
</tr>
<tr>
<td>□ Abdominal Wall</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>If Applicable, Specify Other VCA Organ(s) to be Removed</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>If Candidate Died, Date of Death (M/D/YYYY)</th>
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<tbody>
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</table>

<table>
<thead>
<tr>
<th>Cause of Death</th>
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<tbody>
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</table>

<table>
<thead>
<tr>
<th>If Candidate was Transplanted, Date of Transplant (M/D/YYYY)</th>
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<tbody>
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<table>
<thead>
<tr>
<th>Recovering OPO</th>
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</thead>
<tbody>
<tr>
<td></td>
</tr>
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<table>
<thead>
<tr>
<th>UNOS Donor ID</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</tbody>
</table>

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